





Measles alert









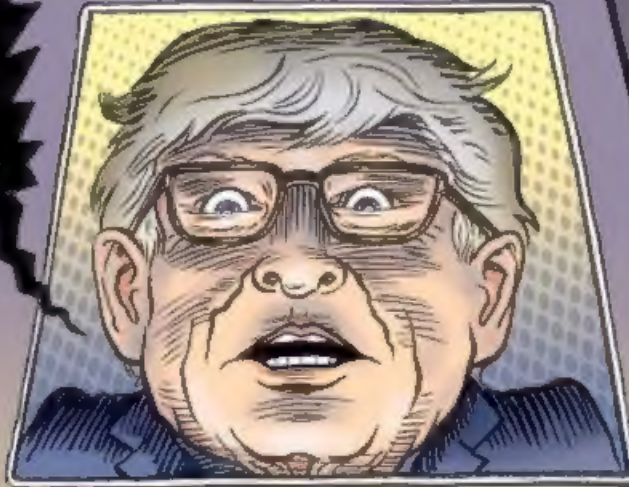




COVID-1984

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TIME FOR
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VACCINE!



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BILL GATES
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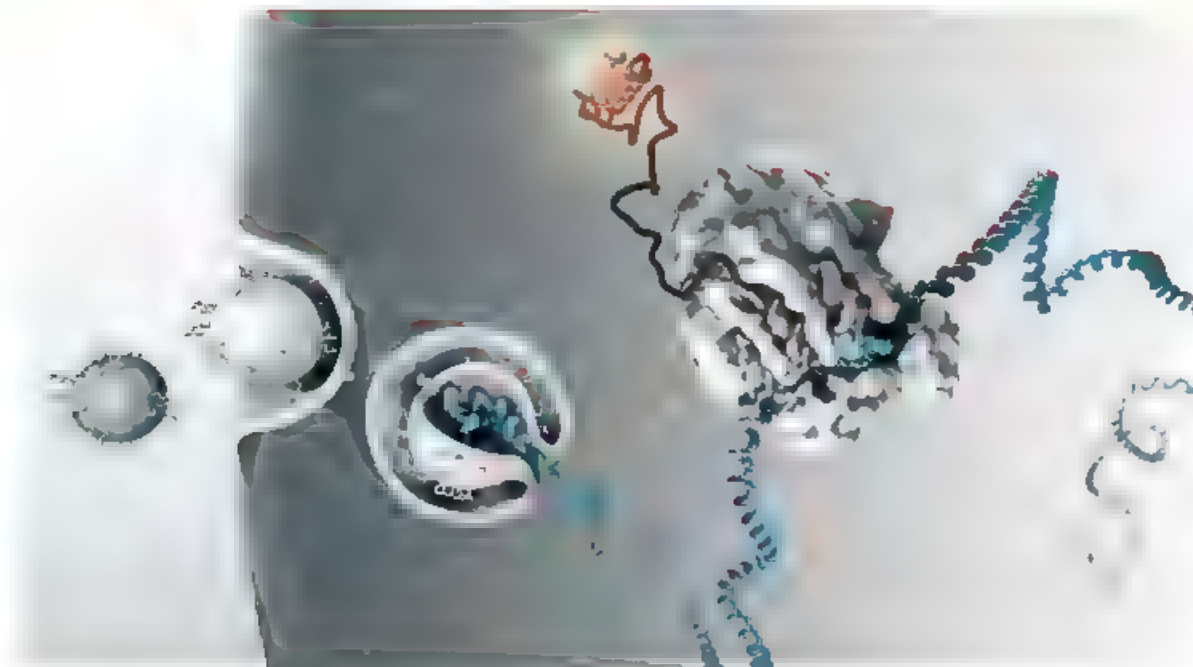
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Read our COVID-19 research and news



Moderna Therapeutics is betting that messenger RNA can turn cells into factories for missing proteins. v

ALTOUNIAN/SCIENCE

Can a multibillion-dollar biotech prove its RNA drugs are safe for a rare disease?

By **Kelly Servick** Dec. 19, 2017 , 12:15 PM

mRNA excites scientists because its powers are broad. If you can put new mRNA into a cell, you can theoretically tell it to make any protein. Missing an enzyme that helps break down food? Send in mRNA to resupply it. Need to heal tissue around a damaged heart? Inject mRNA coding for a growth-promoting protein. “I don’t know if I’ve ever been more excited about a class of drug than I am about [mRNA],” Whitehead says.

But lots can go wrong when you try to sneak such molecules into the body. Our immune system has evolved to recognize RNA from outside the cell as an invading virus and attack it. The protective nanoparticles made of lipids commonly used to encapsulate mRNA can also trigger immune reactions and damage the liver at high doses. And the body might even recognize the newly produced protein as foreign—a problem if you’re trying to replace a vital protein that’s missing. Any of those responses could render an mRNA drug toxic at doses still too low to treat disease.



Can mRNA disrupt the drug industry?

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Messenger RNA technology promises to turn our bodies into medicine-making factories. But first Moderna—and a long list of old and new competitors—needs to overcome some major scientific challenges

by **Ryan Cross**

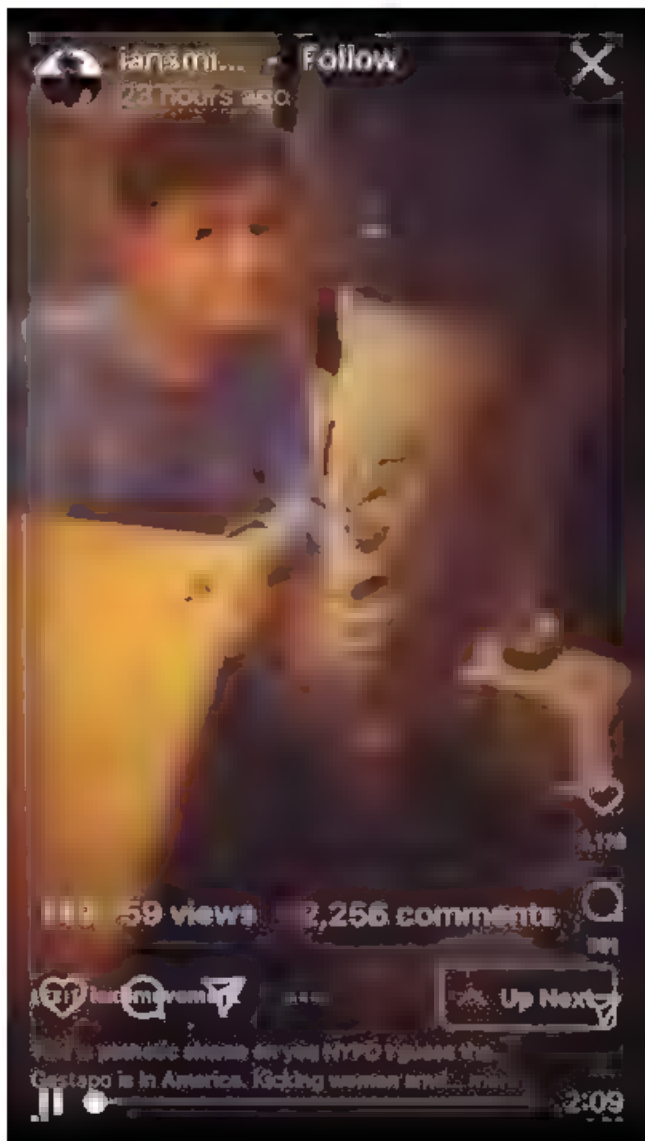
September 3, 2018 | A version of this story appeared in **Volume 96, Issue 35**

"We saw these mice not only surviving but gaining weight, turning almost into a normal mouse," Martini says. "These data I think [are] the validation, at least in animal models, that this messenger RNA therapy could work."

Other researchers want to see much more evidence of long-term safety. "This is a good first step," says geneticist Inder Verma of the Salk Institute for Biological Studies in San Diego, California. He would have liked to see the mice followed for longer and given even higher doses, he says. In a study published earlier this year, his team, along with scientists at Arcturus Therapeutics, **treated hemophilia in mice** using mRNA that encodes a clotting protein. The drug, administered in three doses over 5 months, did prompt temporary spikes in certain inflammatory molecules, which indicate a mild immune reaction to the drug. "I don't think our paper or this paper adequately addresses the issue of long-term toxicity due to the immune system," Verma says.

To please regulators that would ultimately greenlight clinical trials, Moderna will have to show its drug is still safe at a dose 10 times higher than what's needed to treat the disease—something the new paper doesn't demonstrate, says geneticist Michael Heartlein, chief technical officer at the competing mRNA company Translate Bio in Cambridge. "That's what I'd like to see, to really nail it and say, 'Hey, they've really got something that's viable for the clinic.'" (Translate is planning human trials with repeated doses of its own mRNA drug for both cystic





new tube and was mixed with 600 μ L RLT buffer immediately. Two hundred μ L of supernatant were mixed with 600 μ L RLT buffer. Samples in RLT buffer were used for RNA isolation. Fat layer samples in RLT buffer were centrifuged for 1 min 10000g at 4°C and fat was removed from samples before RNA isolation.

BNT162b2 (Pfizer) and mRNA-1273 (Moderna) mRNA PCR - RNA was isolated from samples using the RNeasy Min Kit (Qiagen) according to manufacturer's protocol. RNA concentration was measured using nanodrop and samples that had $>10\text{ng}/\mu\text{L}$ RNA were used for RT reaction. 150-500ng RNA was transcribed into cDNA using qScript cDNA synthesis kit (Quantabio) according to the manufacturer's protocol. Primers were design to detect the vaccines mRNA, and BNT162b2 (Pfizer) and mRNA-1273 (Moderna) commercial vaccine was used to determine primers specificity and sensitivity. **Forward primer:**

AACGCCACCAACGTGGTCATC. **Reverse primer:** GTTGTGGCGCTGCTGTACAC. For positive control, 30 μ L (200ng/ μ L) of mRNA-1273 (Moderna) were spiked-in to 500 μ L of whole milk (12ng/ μ L). This sample was diluted in 1:100 in whole milk to create the 0.12ng/ μ L sample. The spiked in samples were mixed with RNAlater in 1:1 ratio and treated as described above for RNA isolation from milk samples.

QuantaStudio 6 Flex (Applied Biosystems) instrument and SsoFast EvaGreen supermix (Bio-Rad) were used for PCR reaction. 30 second 95°C followed by 45 cycles of 5 second 95°C and 20 seconds 60°C.

All samples were run in triplicate as 20 μ L reactions, containing 10 ng cDNA. Ct values ≥ 40 were interpreted as a negative result (BDL, below detectable levels). Threshold was set based on negative controls of pre-vaccine samples and NTC. For vaccines cDNA standard curves, 100pg/ μ L vaccine mRNA (as cDNA) sample was used for serial dilution in 1:2 ratio, up to 0.0075 pg/ μ L. Two μ L of these diluted samples were used in each well to create standard



layer) using the RNeasy Min Kit (Qiagen) according to manufacturer's protocol. We performed RT-qPCR in triplicate using specific primers (supplementary materials) targeting the vaccine mRNA for SARS-CoV-2 spike protein. mRNA-1273 (Moderna) vaccine was spiked into pre-vaccine milk sample before RNA isolation and served as a positive control for this assay. Pre-vaccine samples served as negative controls.

Results:

Post-vaccine human milk samples were collected from six individuals 4-48 hours after administration, 5 vaccinated with BNT162b2 (Pfizer) and 1 individual with mRNA-1273 (Moderna) vaccine (**Table 1**). We first optimized our RT-qPCR by isolating the residual vaccine mRNA from vials, showing that our assay is capable to detect up to 1.5 pico grams of the mRNA-1273 vaccine cDNA and up to 0.195 pico grams of the BNT162b2 vaccine (**Figure 1A**).

We next used pre-vaccine milk samples and spiked-in the mRNA-1273 vaccine (12 and

0.125 ng/mL) and found that our assay is capable to detect up to 1.5 pico grams of the mRNA-1273 vaccine cDNA and up to 0.195 pico grams of the BNT162b2 vaccine (**Figure 1A**). We next analyzed 12 post-vaccine samples (4-48 hours post vaccine, **Table 1**) and found that none of the samples from vaccinated lactating mothers showed detectable levels of vaccine mRNA in milk fat layer or milk supernatant at any time point (7 samples from 24h post vaccine are shown in **Figure 1B**).

Conclusion:

We show here that the mRNA from anti-COVID vaccines is not detected in human breast milk samples collected 4-48 hours post-vaccine. These results strengthen the recommendation of ABM and WHO that lactating individuals who receive the anti-COVID-19 mRNA-based vaccine should continue to breastfeed their infants uninterrupted. Clinical data from larger populations

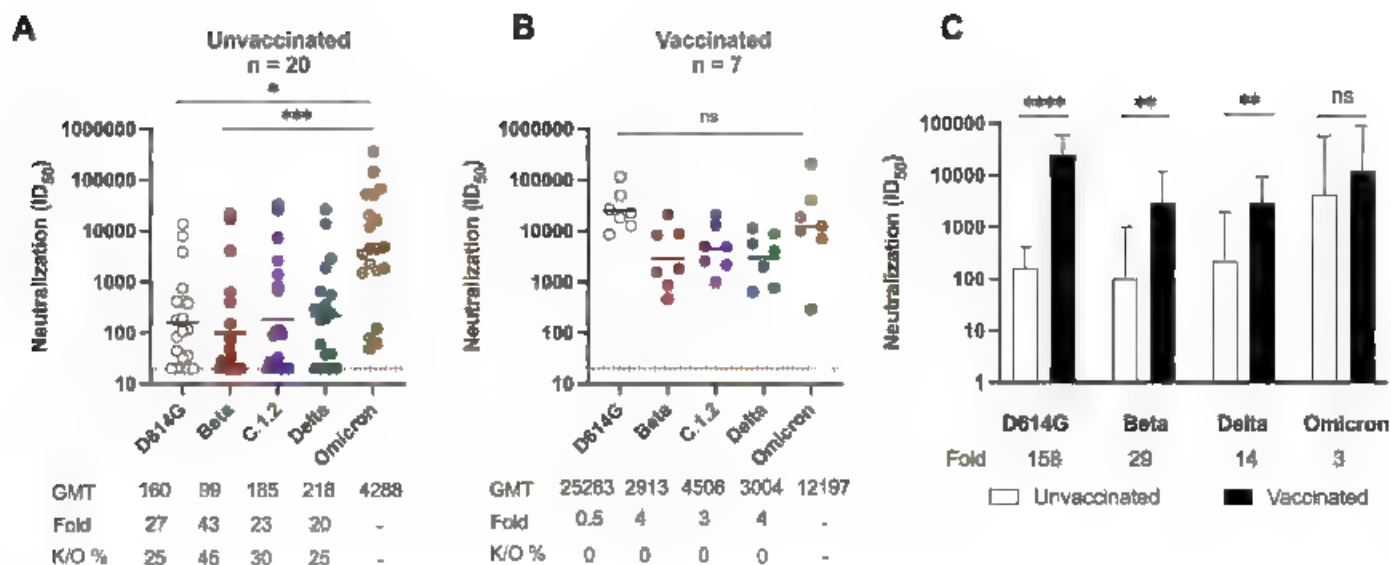


Figure 2: Omicron triggers cross-variant neutralizing antibodies which are broadened by vaccination

14 and 3-fold for D614G, Beta, Delta and Omicron respectively) compared to those seen for Fc effector functions and binding which ranged from 1 to 3 fold (Figure 1 C, F, I). Notably, Omicron infection elicited robust and similar neutralization titers against itself regardless of vaccination status.

While the neutralization resistance of Omicron is now well-defined, here we address the

6:01

5G

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Advanced



COVID-19 Information

[Public health information \(CDC\)](#)[Research information \(NIH\)](#)[SARS-CoV-2 data \(NCBI\)](#)[Prevention and treatment information \(HHS\)](#)[Español](#)

GenBank

Send to

Synthetic construct HCV1146 Moderna (mRNA-1273) SARS-CoV-2 vaccine sequence

GenBank OK120841.1

[FASTA](#) [Graphics](#) [PopSet](#)

Seq. ID

LOCUS OK120841 3828 bp RNA Linear SYN 28-SEP-2021
DEFINITION Synthetic construct HCV1146 Moderna (mRNA-1273) SARS-CoV-2 vaccine sequence.
ACCESSION OK120841
VERSION OK120841.1
KEYWORDS
SOURCE synthetic construct
ORGANISM *synthetic construct*
other sequences; artificial sequences.
REFERENCE 1 (bases 1 to 3828)
AUTHORS Castruita, J.A.S., Schneider, L.V., Møllerup, S., Leineweber, T.D., Weis, N., Bukh, J., Pedersen, M.S. and Westh, H.
TITLE SARS-CoV-2 spike mRNA vaccine sequences circulate in blood up to at least 28 days after COVID-19 vaccination
JOURNAL Unpublished
REFERENCE 2 (bases 1 to 3828)
AUTHORS Castruita, J.A.S., Schneider, L.V., Møllerup, S., Leineweber, T.D., Weis, N., Bukh, J., Pedersen, M.S. and Westh, H.
TITLE Direct Submission
JOURNAL Submitted 10-SEP-2021, Department of Clinical Microbiology, Copenhagen University Hospital Amager Hvidovre, University of Copenhagen, Kettegaard Alle 30, Hvidovre 2650, Denmark
COMMENT ##Assembly-Data-START##
Assembly Method : BWA v. 0.7.16, GATK v. 4.2.0.0, BEDTools v. 2.30.0
Sequencing Technology : Illumina
##Assembly-Data-END##
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ORIGIN

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1321 ctgcacagca aggtgggcgg caactacaac tactgttacc ggtgttccg gaagagcaac
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The Secrets of NIMH*

*National Institute of Malignance Hippocratic!

Jikky

Rixey





Daoyu
@Daoyu15

Account suspended

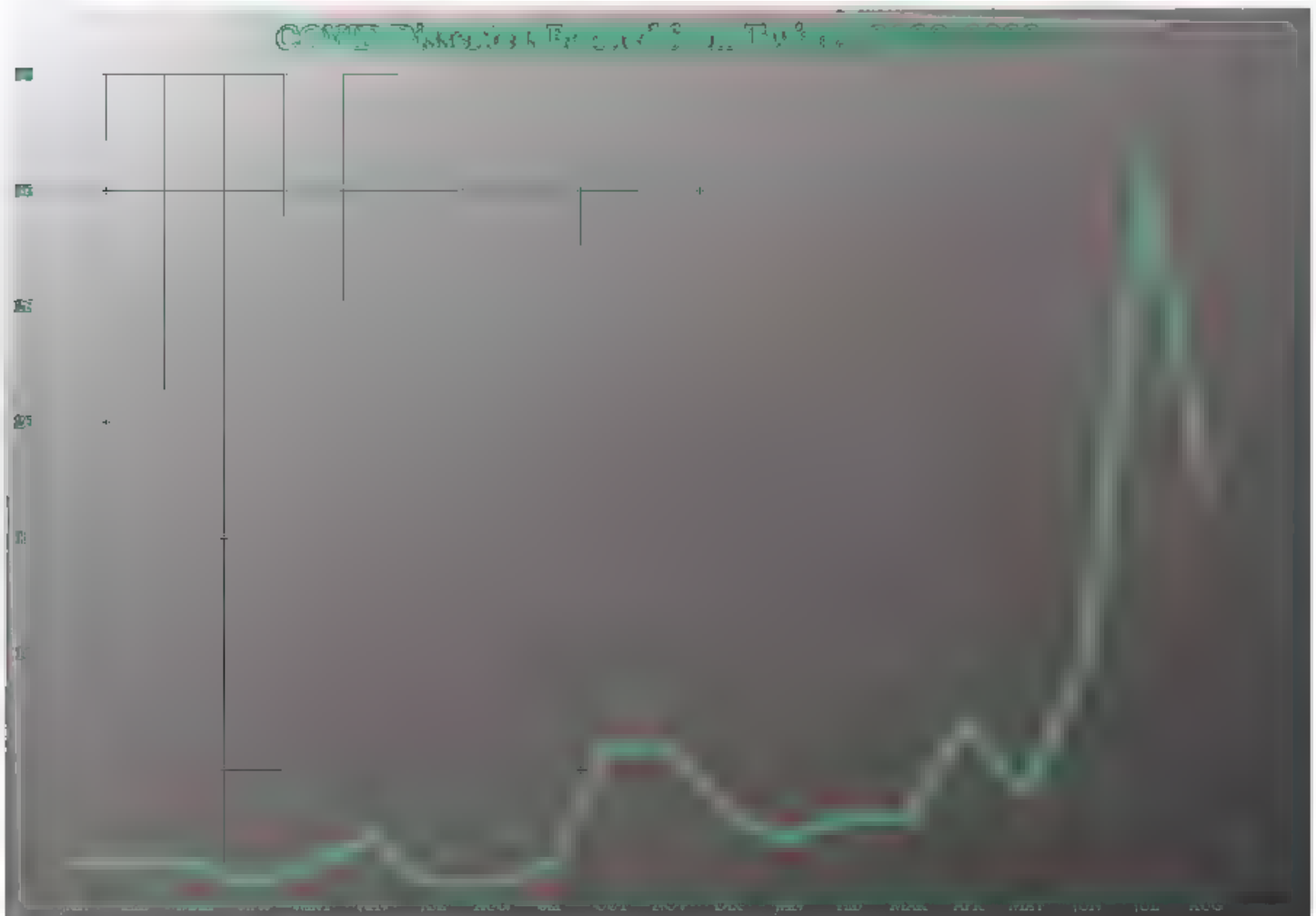
Twitter suspends accounts that violate the Twitter Rules. [Learn more](#)

This work remains, unequivocally, the most important thing I've ever written. It attempts merely to synthesize the efforts of DRASTIC and numerous other independent researchers with whom I've collaborated directly [the left-hand column below], as well as the outstanding research of those scientists who've fought against the censorship and false narratives that obscured their findings.

Jonathan Couey	PhD	Fernando Castro-Chavez	PhD
Johanna Deinert	MD	Angus Dalgicish	PhD
Kevin McCann	PhD	Richard Fleming	PhD, MD, JD
Rossana Segreto	PhD	Luc Montagnier	Nobel Prize Winner, discoverer of HIV 1
Ah Khan Syed [pseud]	PhD	Jean-Claude Perez	PhD
Jack Ward [pseud]	PhD	Steven Quay	MD, PhD
Dayou Zhang	PhD	Birger Sorenson	PhD
Igor Chudov		Walter Chesnut	

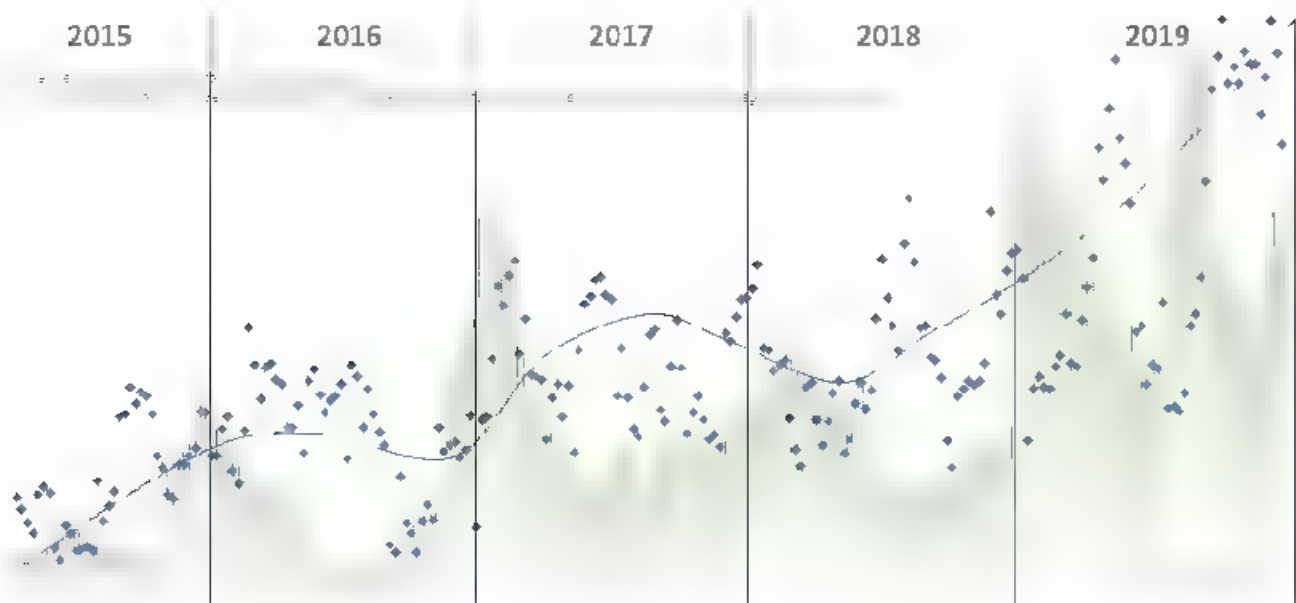
My findings and conclusions on scientific censorship are based on several thousand hours of individual research. The findings related to the HIV inserts in general, gp120 the furin cleavage site and other aspects of the SARS-CoV-2 genome are the product of those listed above, or others referenced in the endnotes

- + K. McKernan Human Genome Project, Inventor
- + Lynn Fynn MD
- + Janie MD
- + Dr Zelenko MD, banned on the day he died of terminal cancer, last week





Internet Searches for 'Anosmia' vs Flu Sample Submissions
 Australia Japan South Korea India Philippines Taiwan Vietnam



2019 - 2020 Mauna Loa Normalized Actual CO₂ MolFrac PPM

Source: Dr. Pieter Tans, NOAA/GML www.esrl.noaa.gov/gmd/ccgg/trends/ and Dr. Ralph Keeling, Scripps Institution of Oceanography (scrippsco2.ucsd.edu/)
 US Energy Information Administration 'Short-term Energy Outlook: Global Liquid Fuels, https://www.eia.gov/outlooks/steo/report/global_alf.php

WINTER SPRING SUMMER FALL

1976 CO₂ PPM
Index Reference Only

2019
2020

China Economic Activity impacted Beginning 2018?? and 5 Jul 2019

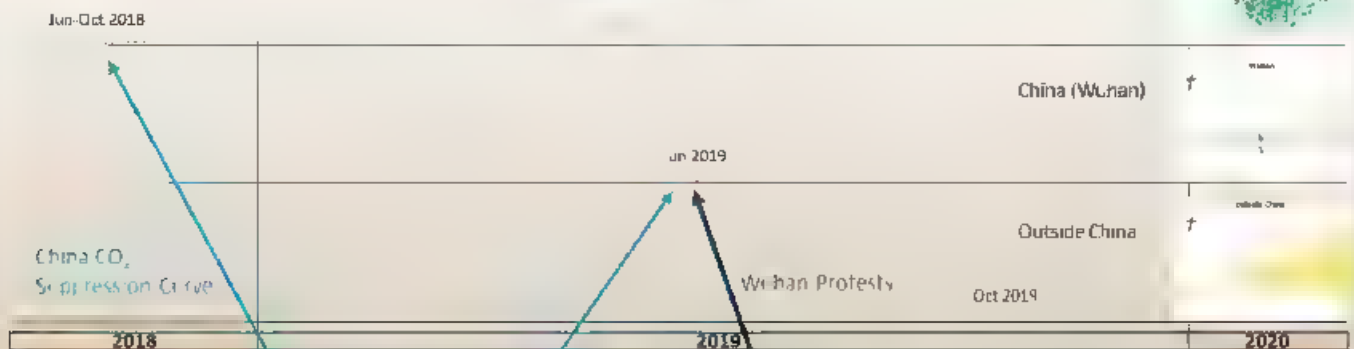
China detects H1N1 Simpson South Season Outbreak

China detects H1N1 Simpson South Season Outbreak

China Notifies WHO of Novel Wuhan Pneumonia

The Ethical Skeptic
@EthicalSkeptic

Wuhan university deleted SARS2 data relating to early cases, however Jesse D Bloom [jdbloom](https://twitter.com/jdbloom) recovered the data!



"In late June and early July of 2019 the residents of Wuhan began to fill the streets.. they were angry. they were sick, feared getting sicker .

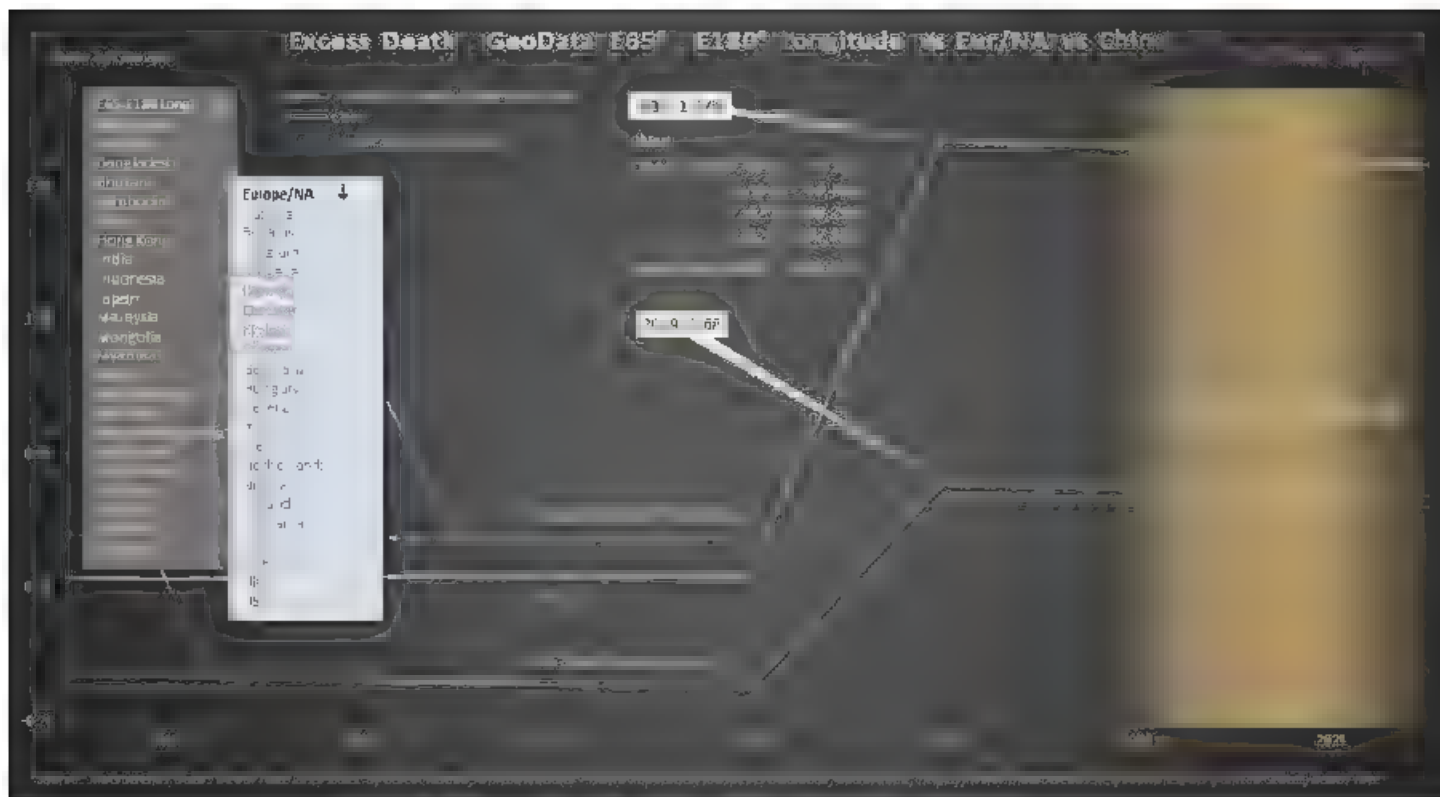
land had suffered permanent damage to their immune and nervous systems."

Recovery of deleted deep sequencing data sheds more light on the early Wuhan SARS-CoV-2 epidemic wave. *bioRxiv* 2021.06.18.449053
doi: <https://doi.org/10.1101/2021.06.18.449053>

The Ethical Skeptic
@EthicalSkeptic

The Thirty Tyrants

Figure 1. Schematic diagram of the experimental setup.





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
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
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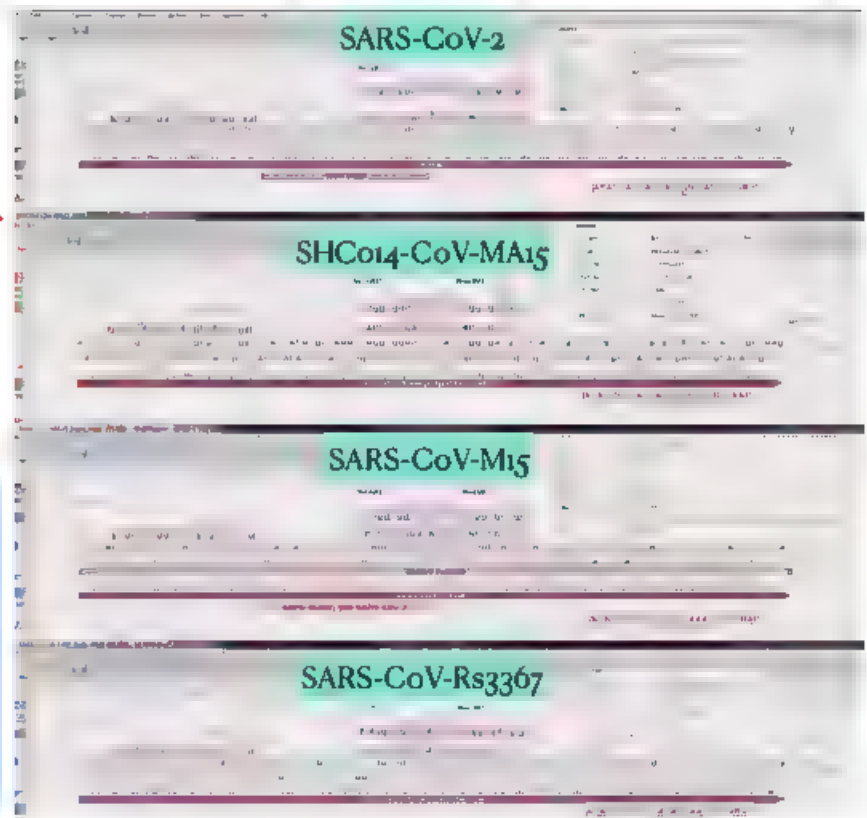
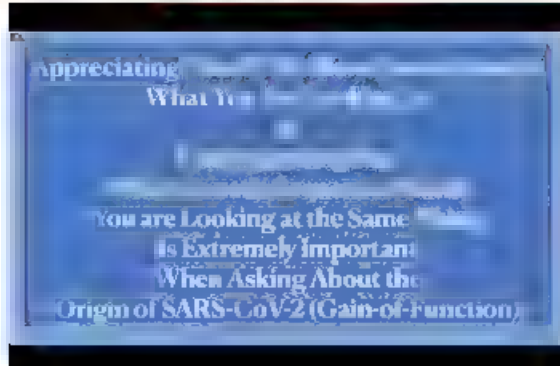
 We received your report.

Courtesy of Dr. R. Fleming,
& in memory of Luc Montagnier,
I'd like to know more about this:

The Forward & Reverse
Primers
Used to Identify
SARS-CoV-2
Also Match
Baric's 5 Chimeric
(Gain-of-Function)
Coronaviruses

Semper Fidelis,

Charles H Rixey

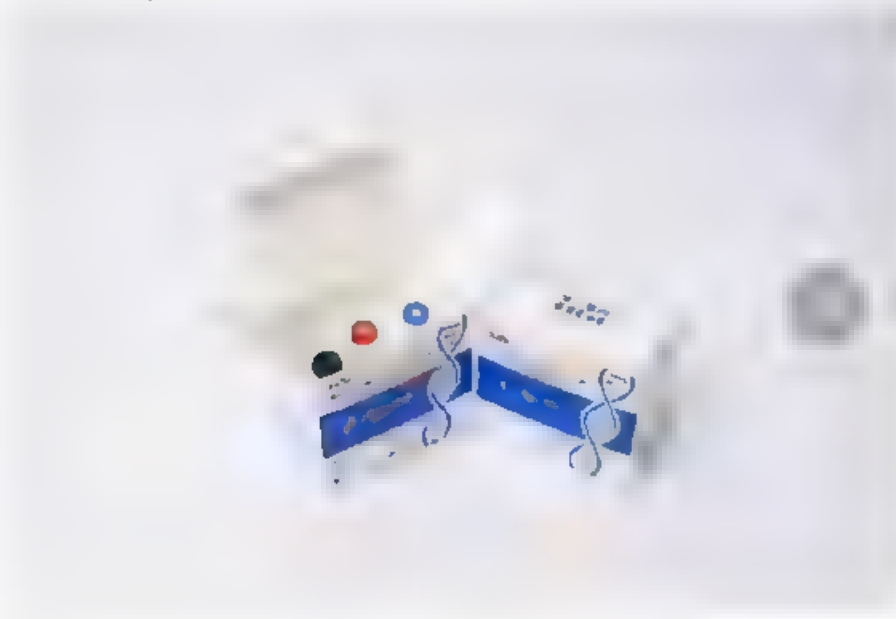


PRESS RELEASE: Paid content from PR Newswire

Press release content from PR Newswire. The AP news staff was not involved in its creation.

BGI's Real-Time SARS-CoV-2 Test to Detect Novel Coronavirus Receives FDA Emergency Use Authorization

March 27, 2020



CAMBRIDGE, Mass., March 27, 2020 /PRNewswire/ -- BGI Genomics Co. Ltd. (SZSE:300676) and its US subsidiary BGI Americas Corp. today announced that the U.S. Food and Drug Administration (FDA) has issued an Emergency Use Authorization (EUA) for its RT-PCR kit for detecting SARS-CoV-2.

← Is who had been vaccinated prior to the index case testing positive. 1 of 1 < >

positive SARS-CoV-2 test that has a specimen date between two and 14 days after the specimen date of the index case

The analysis cohort included households with an index case occurring between 4th January 2021 to 28th February 2021, with 14 days observable follow up for all contacts. Households in which any individual was vaccinated prior to the 4th January were excluded, so that our analysis would be as broadly generalizable as possible to the overall vaccination campaign. Households in which the index case was vaccinated 1-14 days after testing positive for COVID-19 were also excluded, **as were all contacts who had been vaccinated prior to the index case testing positive.** We excluded index cases tested under 'pillar 1' of the national testing strategy, which is a proxy for a case being either hospitalised or a health worker. This was because the household contacts of hospitalised cases are likely to have differential exposure profiles compared to contacts of non-hospitalised cases. Finally, we restricted analyses to households with a single index case age 16+ and no co-primary cases (any other cases on the same or next day as the index case).

Statistical analysis

← n 21 days before testing positive were excluded from this analysis. 1 of 1 < >

other cases on the same or next day as the index case).

Statistical analysis

We defined *vaccinated* index cases as having been vaccinated 21 days or more prior to testing positive for COVID-19 based on evidence of the time needed for the vaccine to provide a sufficient level of immunity(4). *Non-vaccinated* index cases were defined as not having received a vaccine prior to testing positive. **Households where the index case received the vaccine less than 21 days before testing positive were excluded from this analysis.**

We compared household contacts of index cases receiving either the ChAdOx1 nCoV-19 or BNT162b2 vaccines, with contacts of unvaccinated index cases, and the proportion of contacts who

← t higher for BNT162b2 (vs. contacts of an unvaccinated index case) 1 of 1 < >

larger group than those vaccinated ≥14 days before testing positive

The results show that contacts of vaccinated cases have lower odds of being secondary cases if the index case was vaccinated 14 days or more before testing positive after controlling for calendar week, but this protective effect diminishes sharply if vaccination occurs closer to the positive test date. Of note however is that estimates diverge for the two vaccines: where index cases are recently vaccinated (less than 10 days before testing positive), the odds for contacts being a secondary case are lower for ChAdOx1 nCoV-19, but higher for BNT162b2 (vs. contacts of an unvaccinated index case). The latter may be due to priority administration of BNT162b2 early in the vaccination campaign in those with high-risk social care occupations during a peak incidence period, whose contacts may also have higher risks.

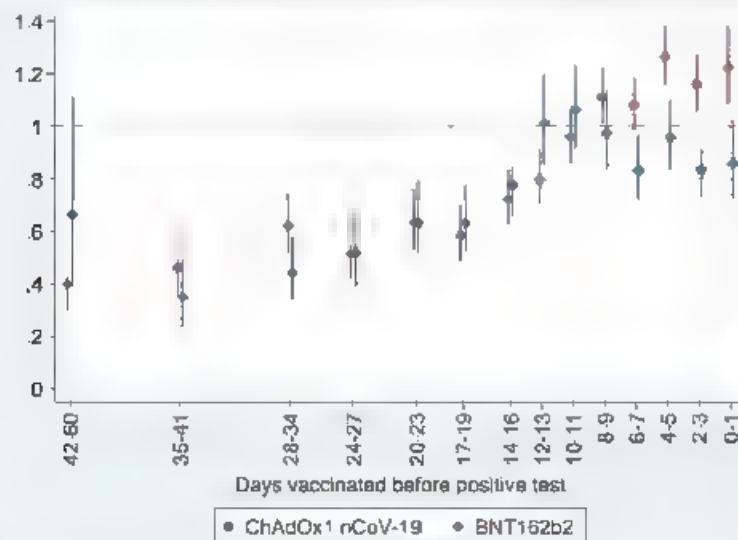
Supplementary Figure S2 show odds ratios of becoming a secondary case according to vaccination timing for different time periods of index case. This suggests that odds of transmission were lower in

← 1vaccinated index case) 1 of 1 < >

household contacts of index cases vaccinated 1-10 days before testing positive (with the same vaccine type). The adjusted ORs from multivariable logistic regression were 0.53 (95% CI: 0.44, 0.63) for ChAdOx1 nCoV-19 and 0.49 (95% CI: 0.44, 0.56) for BNT162b2, indicating a halving in the odds of contacts becoming secondary cases if the index case was vaccinated with either ChAdOx1 nCoV-19 or BNT162b2 1-10 days before testing positive.

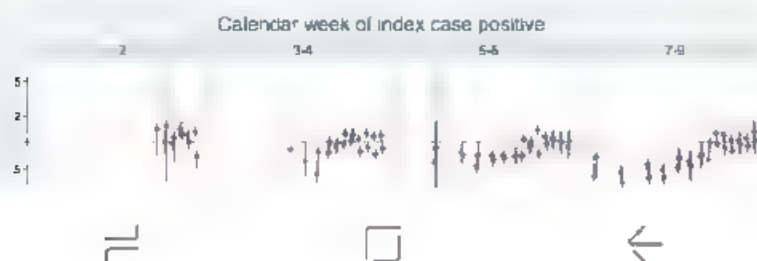
Figures

Figure S1 Odds ratios for contacts becoming a secondary case according to vaccination timing of the index case (days before testing positive).



By type of vaccination, vs. contacts where the index case was not vaccinated. Results from multivariable logistic regression.

Figure S2 Odds ratios for contacts becoming a secondary case according to vaccination timing of the index case, by calendar week of index case.



Account suspended

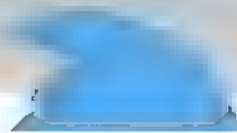


@project_veritas

@project_veritas



Account suspended





Jikkyleaks (Fan account)

@jikkyleaks

Yet another huge anomaly in the Pfizer Site data released this week.

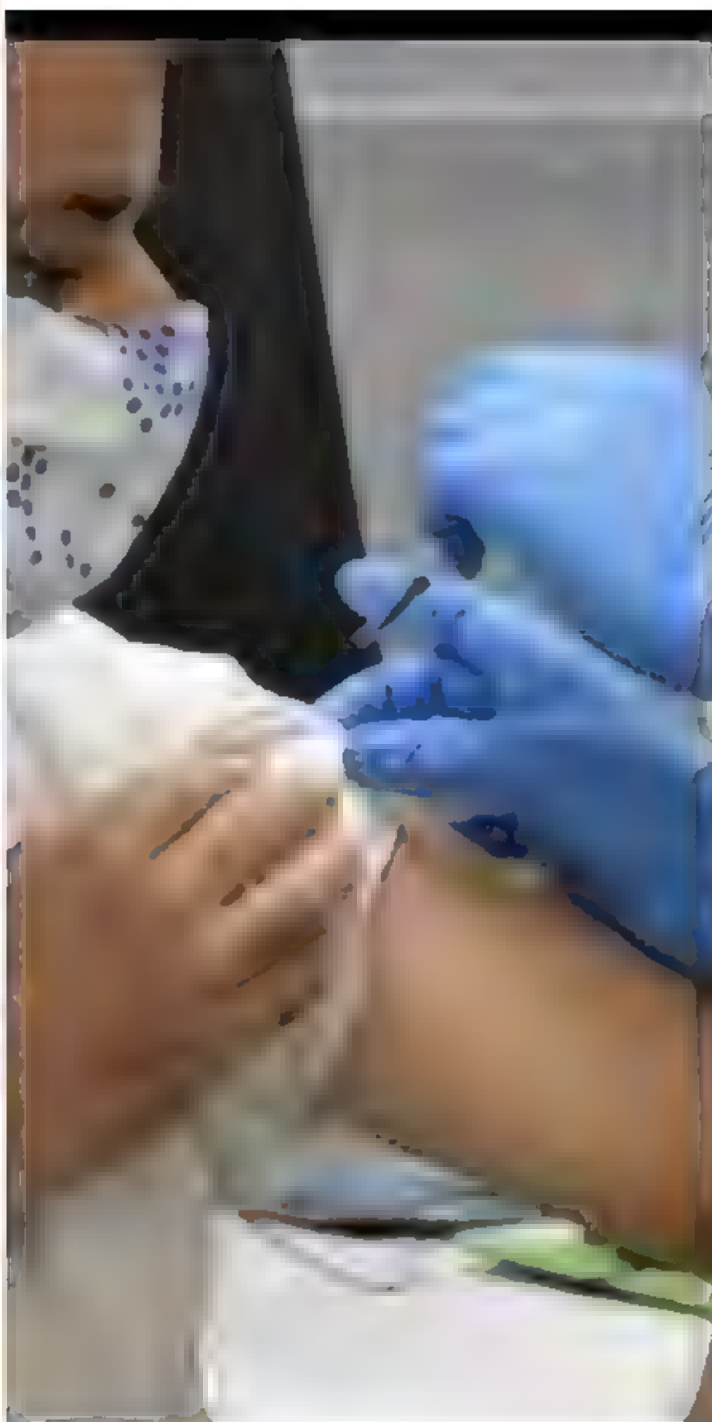
ALL site 1161 patients were removed. A huge outlier.

The reason? "Lack of oversight"

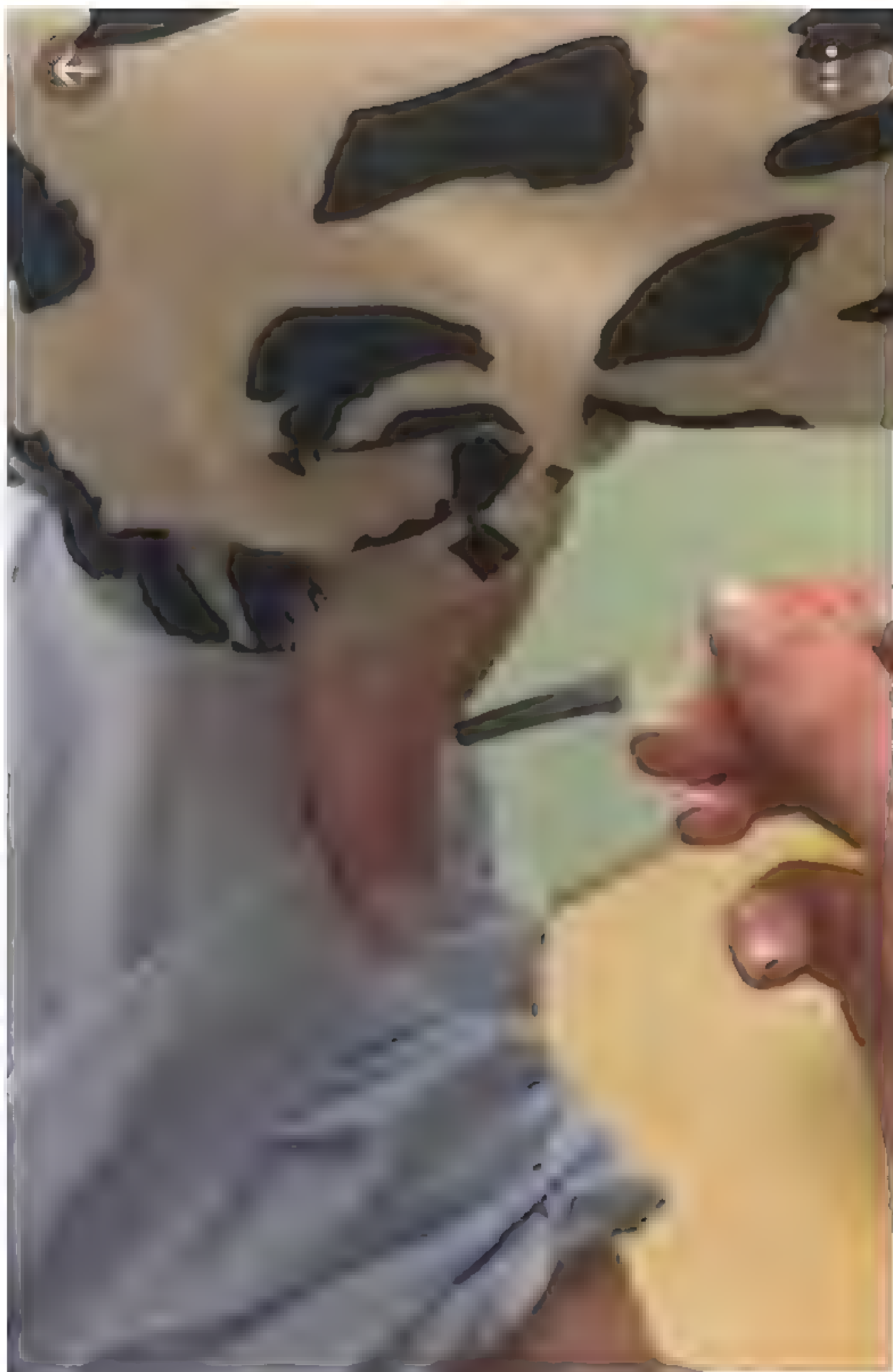
They really hated this didn't they?
Just think how many lives were lost
by removing all those [#mousearmy](#)
accounts.

It's not enough to restore twitter
accounts - nobody cares about
twitter.

It is time that every single employee
at twitter who cancelled whistle
blowers is prosecuted for the deaths
they are responsible for.









Bold & Gentle
Pure Unrected



**"THE MEDIA HAVE BEEN
SO COMPLICIT
IN ALL OF THIS"**

- Matt Le Tissier



Subscribe

The Atlantic

IDEAS

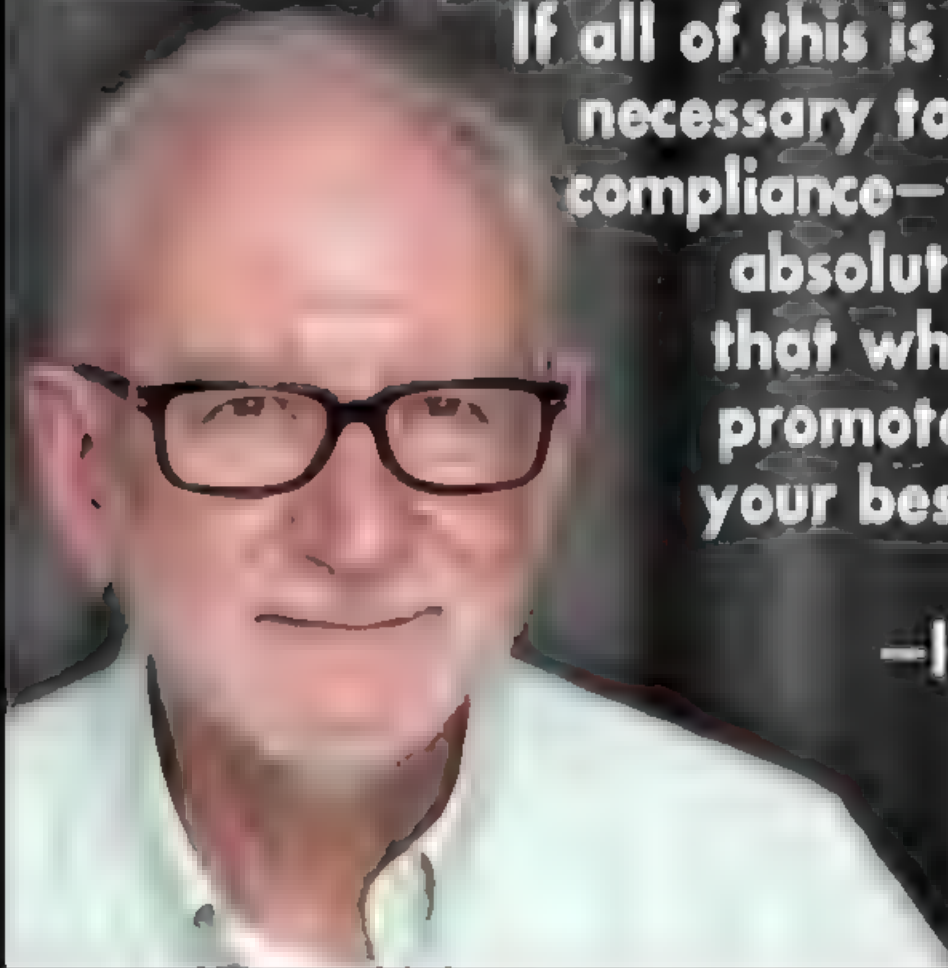
LET'S DECLARE A PANDEMIC AMNESTY

We need to forgive one another for what
we did and said when we were in the dark
about COVID.

**If you have to be persuaded, reminded,
pressured, lied to, incentivized, coerced,
bullied, socially shamed, guilt-tripped,
threatened, punished and criminalised;**

**If all of this is considered
necessary to gain your
compliance—you can be
absolutely certain
that what is being
promoted is not in
your best interest.**

—Ian Watson



COVID-19 vaccination

Minimum age (months) for each COVID-19 vaccine

Routine vaccination

Primary series

Age 6 months–4 years: 2-dose series at 0, 4–8 weeks (Moderna) or 3-dose series at 0, 3–8, 11–16 weeks (Pfizer-BioNTech)

Age 5–11 years: 2-dose series at 0, 4–8 weeks (Moderna) or 2-dose series at 0, 3–8 weeks (Pfizer-BioNTech)

Age 12–18 years: 2-dose series at 0, 4–8 weeks (Moderna) or 2-dose series at 0, 3–8 weeks (Novavax, Pfizer-BioNTech)

For booster dose recommendations see www.cdc.gov/vaccines/imz/downloads/pdf/covid19-2022-01.pdf

Special situations

Persons who are moderately or severely immunocompromised

Primary series

Age 6 months–4 years: 3-dose series at 0, 4–8 weeks (Moderna) or 4-dose series at 0, 3–8, 11–16 weeks (Pfizer-BioNTech)

Age 5–11 years: 3-dose series at 0, 4–8 weeks (Moderna) or 3-dose series at 0, 3–8 weeks (Pfizer-BioNTech)

Age 12–18 years: 3-dose series at 0, 4–8 weeks (Moderna) or 3-dose series at 0, 3–8 weeks (Novavax, Pfizer-BioNTech)

Booster dose recommendations

For booster dose recommendations see www.cdc.gov/vaccines/imz/downloads/pdf/covid19-2022-01.pdf

For booster dose recommendations see www.cdc.gov/vaccines/imz/downloads/pdf/covid19-2022-01.pdf

For booster dose recommendations see www.cdc.gov/vaccines/imz/downloads/pdf/covid19-2022-01.pdf

For booster dose recommendations see www.cdc.gov/vaccines/imz/downloads/pdf/covid19-2022-01.pdf

For booster dose recommendations see www.cdc.gov/vaccines/imz/downloads/pdf/covid19-2022-01.pdf

For booster dose recommendations see www.cdc.gov/vaccines/imz/downloads/pdf/covid19-2022-01.pdf

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For booster dose recommendations see www.cdc.gov/vaccines/imz/downloads/pdf/covid19-2022-01.pdf

For booster dose recommendations see www.cdc.gov/vaccines/imz/downloads/pdf/covid19-2022-01.pdf

Routine vaccination

Primary series:

-Age 6 months–4 years: 2-dose series at 0, 4–8 weeks (Moderna) or 3-dose series at 0, 3–8, 11–16 weeks (Pfizer-BioNTech)

Age 5–11 years: 2-dose series at 0, 4–8 weeks (Moderna) or 2-dose series at 0, 3–8 weeks (Pfizer-BioNTech)

-Age 12–18 years: 2-dose series at 0, 4–8 weeks (Moderna) or 2-dose series at 0, 3–8 weeks (Novavax, Pfizer-BioNTech)

- For booster dose recommendations see www.cdc.gov/vaccines/imz/downloads/pdf/covid19-2022-01.pdf



Tweet

**JACSUniverse**  those who li...

@JacsUniverse

 **Counting down**

For @jikkyleaks to bring back
the science @elonmusk

**@jikkyleaks****Account suspended**

Twitter suspends accounts that violate
the Twitter Rules. [Learn more](#)







en.chinacdc.cn/intl_coo

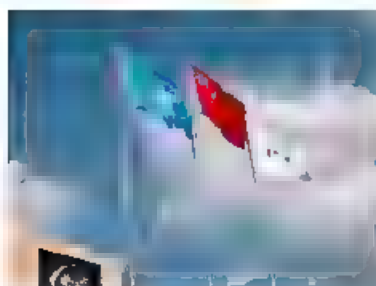


CHINESE CENTER FOR DISEASE
CONTROL AND PREVENTION

中国疾病预防控制中心



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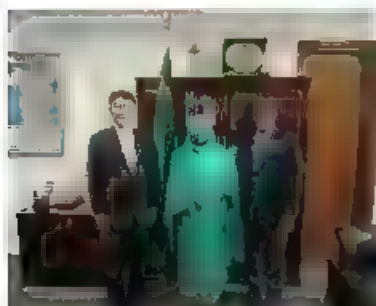
Mar 01, 2022

World Health Organization



Mar 01, 2022

**European Centre for Disease
Prevention and Control (ECDC)**



Mar 01, 2022

Africa CDC



China CDC

Division

**Global Policy and
Advocacy**

Date

AUGUST 2018

Region served

GLOBAL +1

Committed amount

\$500,580

Grant topic

**Global Health and
Development Public
Awareness and
Analysis**

Duration (months)

64

Grantee location

Beijing, Beijing, China

Jikky The Kid's Theme

Twitter's guns across the river aimin' at you
Mutton's on your trail, he'd like to catch you
77th too, they'd like to get you
Jikky, they don't like you to be so free

Sleuthin' all night on the Pfizer doc drop
Doing math 'til dawn to tune your calculations
Up to Coof Hill they'd like to send you
Jikky, don't you turn your back on me

Playin' around with some ol' peptide sequence
Into some dark secret it will lead you
In the shadows of the lies, the truth will greet you
Jikky, you're so far away from home



DR OOSTERHUIS: You see, part of the concern with this investigational agent is that we don't have any long term data on its safety. And as they say, I don't know if the virus is novel, but the vaccine is certainly novel and the past history of mRNA therapies and coronavirus vaccine attempts is known to have had very bad outcomes among the animal hosts being studied.

“Until Proven Otherwise.”

—Two of the Top Cardiologists in th

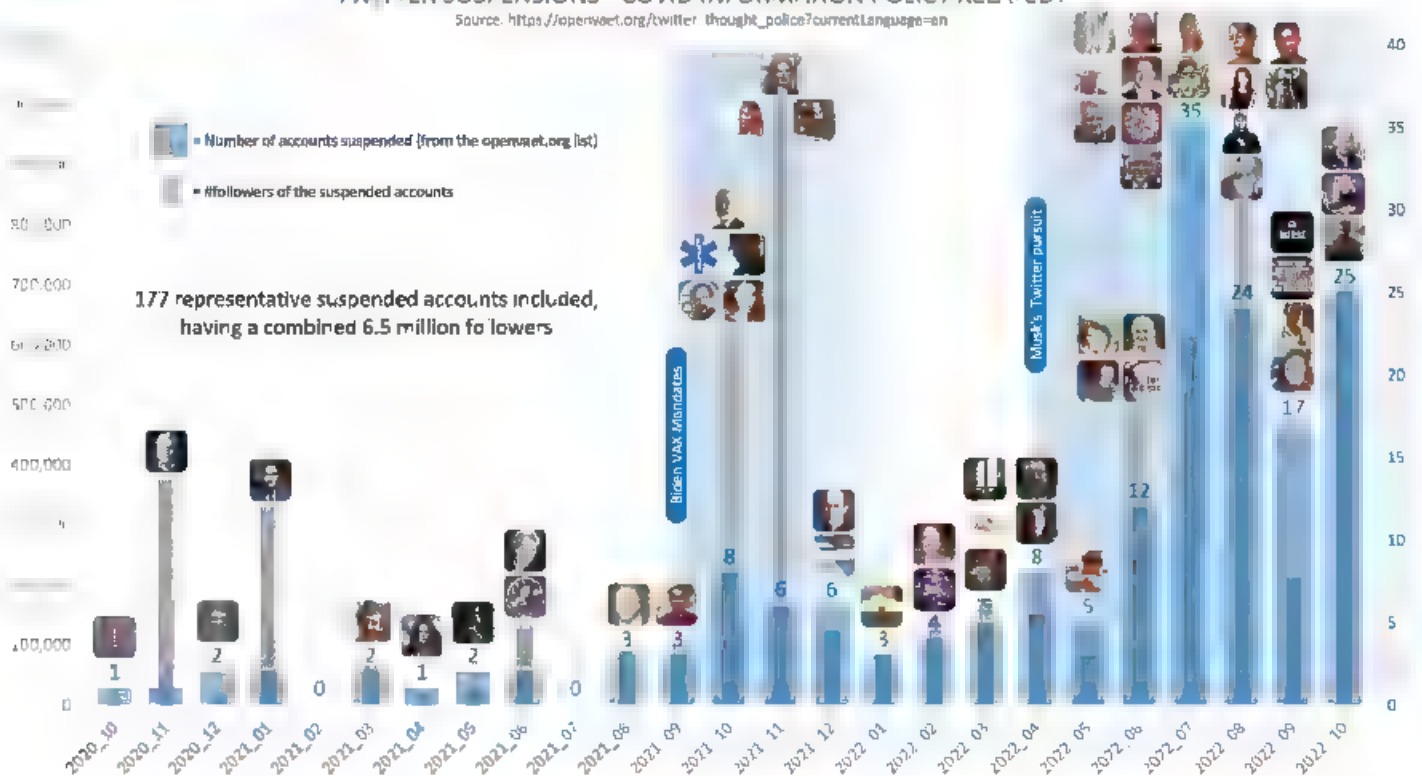
VSRF





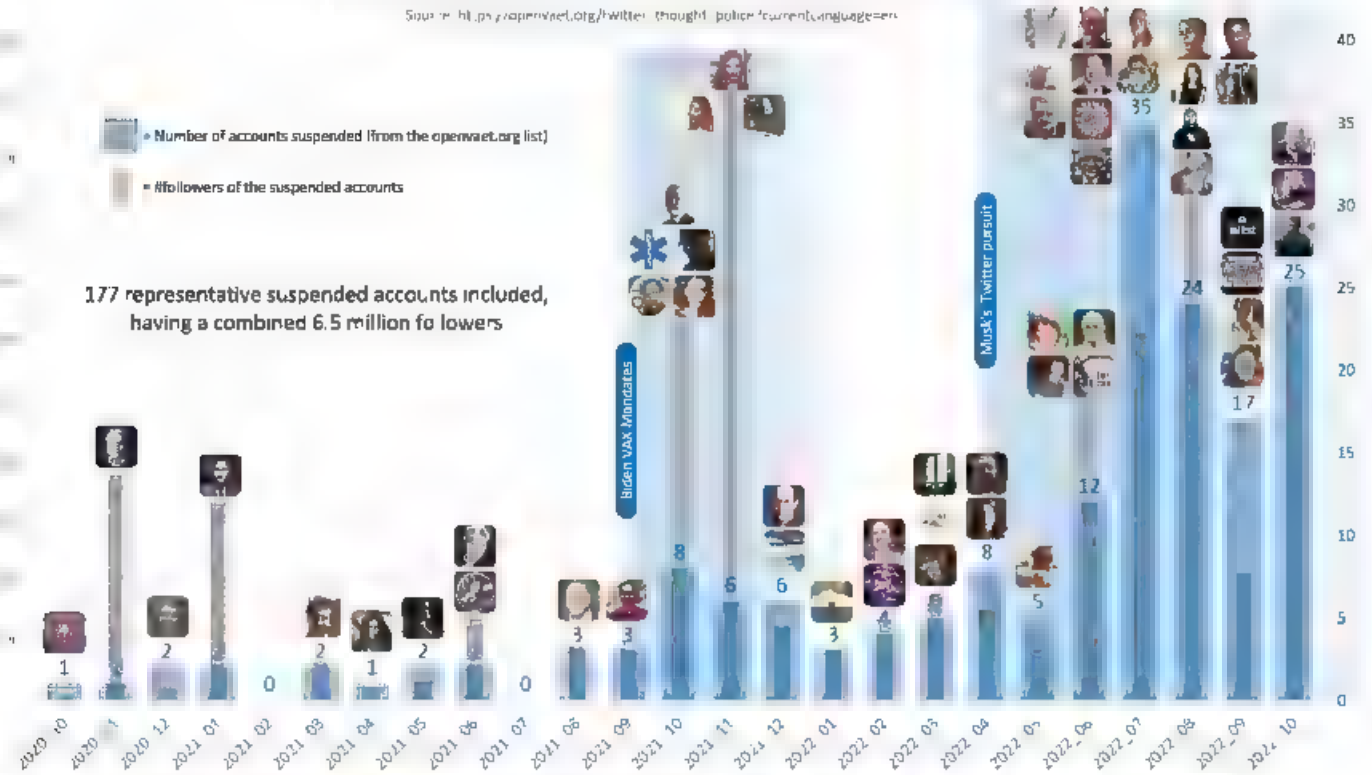
TWITTER SUSPENSIONS COVID INFORMATION POLICY RELATED?

Source: https://openwact.org/twitter_thought_police?currentLanguage=en



TWITTER SUSPENSIONS COVID INFORMATION POLICY RELATED?

Source: <https://openvet.org/twitter-thought-police-current-language-en>



The greatest 30 seconds in television history. 🤔💡💡💡

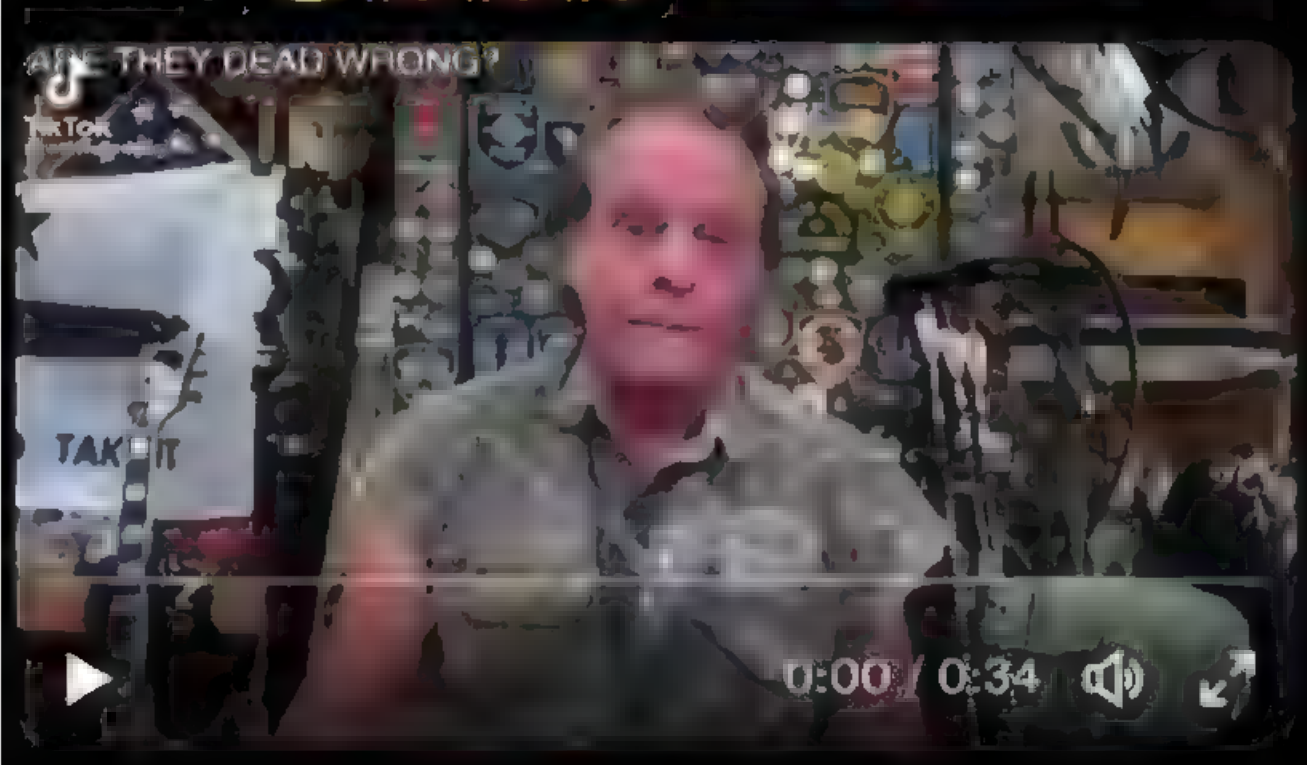




Table 11* / * *: Number of UK reports with a fatal outcome received for COVID-19 Vaccines by patient age up to and including 26 October 2022

Age group (years)	COVID-19 Vaccine AstraZeneca	COVID-19 Vaccine Pfizer/BioNTech	COVID-19 Vaccine Moderna	Brand unspecified	All vaccines
Under 18	^	10	-	^	15
18-29	27	15	^	-	43



Aaron Kheriaty, MD @akheriaty · 18h ...
Don't look away.

This Tweet is unavailable. [Learn more](#)



17



295



654



TxBleuBonnet @TxBleuBonnet · 18h ...
It's so hard to hit the "like" button when
so many lives have been lost. WAKE UP,
HUMANITY. WAKE UP. 💔 🙏 💔



1



1



5



TxBleuBonnet
@TxBleuBonnet ...

Replying to [@TxBleuBonnet](#) and [@akheriaty](#)

I guess they took that tweet down....

4:58 PM · 11/4/22 · [Twitter for iPhone](#)



Chairman @WSBChairman · 2h

Replying to @elonmusk and @BillyM2k

Twitter employees were selling verification for upwards of \$15,000. For certain accounts, mine included, they would refuse to verify you through the standard application and then privately offer to verify you for \$\$ behind the scenes.

Investigation needed.

416 3,210 11.7K



Elon Musk ✓ @elonmusk · 2h

Yup

638 906 9,809



REID SHEFTALL, M.D. MICHAEL YEADON, PHD (GUEST)

The COVID-19 Book of Lists

HEROES AND VILLAINS



23:44 ↵



◀ Messenger



Senator Gerard Rennick ✓



1 d • 🌐

"Meeting highlights from the Pharmacovigilance Risk Assessment Committee (PRAC) 24 - 27 October 2022.....The PRAC has recommended that heavy menstrual bleeding should be added to the product information as a side effect of unknown frequency of the mRNA COVID-19 vaccines Comirnaty and Spikevax..... The available data reviewed involved mostly cases which appeared to be non-serious and temporary in nature."

Correct me if I'm wrong but I thought warnings should come before drugs are taken not after?

Gotta love the precision of the last sentence - "mostly non-serious".

What the hell does that mean - is 1 in 10 serious or 1 in 1000?

It's only woman's reproductive organs we are talking about here. 🤔

The truth is, you have some "crazy conspiracy theory" friends trying harder to save your life than any medical professional or government entity ever has.

Session 2: Questions & Answer Panel

Darby Kozak
Keith Peden

Please type your questions into the Q&A Pod in the lower right

Darby Kozak, PhD
Deputy Division Director
Division of Therapeutic Performance 1 (DTP1)
Office of Research and Standards
ORO | CDER | US FDA

Q&A Pod



Elon Musk 

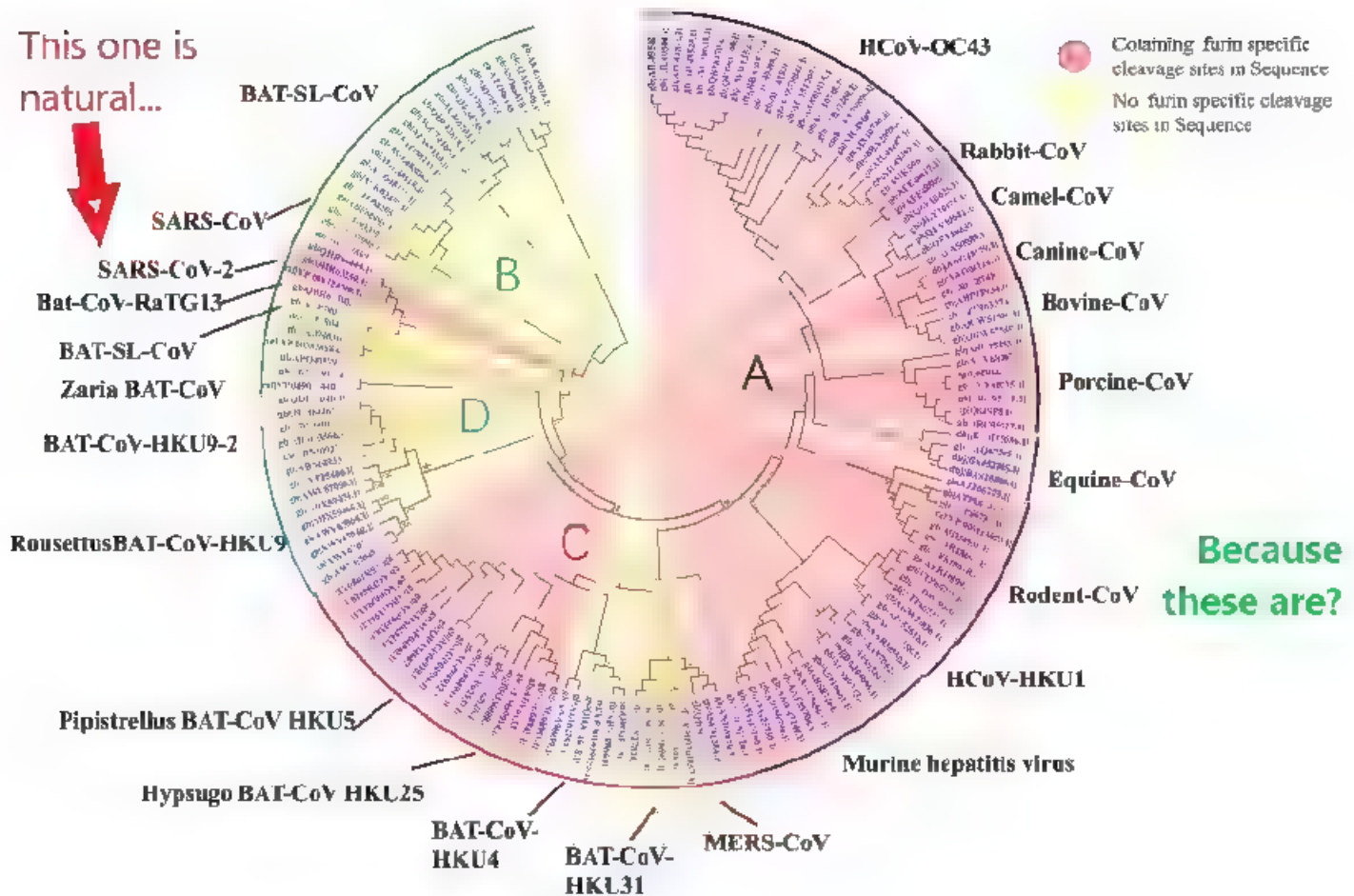
@kathygriffin

1,310 Following **2M** Followers

Account suspended

Twitter suspends accounts that violate the Twitter Rules. [Learn more](#)

This one is natural...



Because these are?

Sequential Testing Results in Each Database for Persons 12-64 Years of Age by AESI and Vaccine Brand Following All Doses in the Optum, HealthCore, and CVS Health Databases

AESI	Vaccine Brand	Optum				HealthCore				CVS Health			
		Number of Doses	Observed AESI	Observed Person-Time (Years)	RR	Number of Doses	Observed AESI	Observed Person-Time (Years)	RR	Number of Doses	Observed AESI	Observed Person-Time (Years)	RR
Acute Myocardial Infarction	BNT162b2	5,019,206	287	181,130	0.04	2,013,329	403	191,130	0.05	3,014,085	253	181,130	0.08
	mRNA 1273	2,563,518	214	181,130	0.03	2,013,329	314	191,130	0.04	3,014,085	191	181,130	0.03
	Ad26.COV2.S	344,444	22	17,091	1.05	410,377	47	21,898	1.08	42,559	23	12,630	1.41
Deep Vein Thrombosis	BNT162b2	5,008,608	554	181,130	0.08	2,013,329	794	191,130	0.04	3,014,085	510	181,130	0.09
	mRNA 1273	2,557,370	373	181,130	0.04	2,013,329	623	191,130	0.04	3,014,085	373	181,130	0.06
	Ad26.COV2.S	343,774	43	17,091	0.08	403,584	65	20,011	0.09	42,559	44	12,587	1.34
Pulmonary Embolism	BNT162b2	5,012,070	491	181,130	0.05	2,013,329	703	191,130	0.04	3,014,085	419	181,130	0.07
	mRNA 1273	2,559,512	387	181,130	0.03	2,013,329	494	191,130	0.04	3,014,085	290	181,130	0.05
	Ad26.COV2.S	343,760	4	17,091	1.30	403,584	53	20,011	1.23	42,559	42	12,587	1.34
Disseminated Intravascular Coagulation	BNT162b2	5,021,265	<11	181,130	0.08	2,013,329	20	191,130	1.04	3,014,085	<11	181,130	0.75
	mRNA 1273	2,566,651	11	181,130	1.13	2,013,329	<11	191,130	0.67	3,014,085	<11	181,130	0.78
	Ad26.COV2.S	344,438	0	17,091	0.00	410,377	<11	21,898	2.04	42,559	<11	12,587	0.00
Non Ischemic Stroke	BNT162b2	5,021,265	55	181,130	0.04	2,013,329	203	191,130	0.06	3,014,085	33	181,130	0.04
	mRNA 1273	2,565,297	02	181,130	0.02	2,013,329	163	191,130	0.01	3,014,085	92	181,130	0.03
	Ad26.COV2.S	344,335	<11	17,091	0.33	410,377	25	21,898	1.24	42,559	<11	12,587	0.59
Hemorrhagic Stroke	BNT162b2	5,022,370	49	181,130	0.03	2,013,329	65	191,130	0.09	3,014,085	50	181,130	0.09
	mRNA 1273	2,566,370	10	181,130	1.13	2,013,329	85	191,130	1.05	3,014,085	20	181,130	0.75
	Ad26.COV2.S	344,435	<11	17,091	0.06	410,377	<11	21,898	1.21	42,559	<11	12,587	0.77
Immune Thrombocytopenia	BNT162b2	5,021,182	0	181,130	0.01	2,013,329	192	191,130	1.26	3,014,085	107	181,130	1.28
	mRNA 1273	2,565,558	08	181,130	1.13	2,013,329	124	191,130	1.31	3,014,085	75	181,130	1.40
	Ad26.COV2.S	344,441	3	17,091	0.53	410,377	<11	21,898	0.81	42,559	11	12,587	2.01
Myocarditis/Pericarditis	BNT162b2	5,021,182	264	181,130	1.33	2,013,329	322	191,130	1.83	3,014,085	242	181,130	2.47
	mRNA 1273	2,565,558	25	181,130	1.13	2,013,329	141	191,130	1.63	3,014,085	118	181,130	1.62
	Ad26.COV2.S	344,435	4	17,091	1.27	410,377	25	21,898	1.63	42,559	<11	12,587	1.64
Sjögren's Syndrome	BNT162b2	5,021,182	<11	181,130	1.33	2,013,329	3	191,130	1.1	3,014,085	<11	181,130	1.06
	mRNA 1273	2,566,651	<11	181,130	1.40	2,013,329	<11	191,130	0.85	3,014,085	<11	181,130	1.34
	Ad26.COV2.S	344,443	<11	17,091	0.53	410,377	<11	21,898	0.53	42,559	<11	12,587	1.31
Bell's Palsy	BNT162b2	5,021,182	473	181,130	0.08	2,013,329	623	191,130	0.08	3,014,085	360	181,130	0.10
	mRNA 1273	2,564,137	259	181,130	0.06	2,013,329	415	191,130	1.01	3,014,085	261	181,130	1.17
	Ad26.COV2.S	344,443	49	17,091	1.49	410,377	74	21,898	1.46	42,559	25	12,587	1.13
Encephalomyelitis	BNT162b2	5,021,182	8	181,130	1.48	2,013,329	18	191,130	1.43	3,014,085	11	181,130	1.67
	mRNA 1273	2,566,651	<11	181,130	0.00	2,013,329	13	191,130	1.32	3,014,085	<11	181,130	1.89
	Ad26.COV2.S	344,444	<11	17,091	0.00	410,377	<11	21,898	0.48	42,559	<11	12,587	0.00
Ataxia	BNT162b2	5,021,182	36	181,130	0.00	2,013,329	42	191,130	2.50	3,014,085	39	181,130	1.00
	mRNA 1273	2,566,651	20	181,130	2.50	2,013,329	33	191,130	11.88	3,014,085	20	181,130	12.00
	Ad26.COV2.S	344,444	<11	17,091	0.00	410,377	<11	21,898	0.47	42,559	<11	12,587	2.01
Transverse Myelitis	BNT162b2	5,021,182	<11	181,130	0.00	2,013,329	<11	191,130	0.51	3,014,085	<11	181,130	1.26
	mRNA 1273	2,566,651	<11	181,130	0.00	2,013,329	<11	191,130	0.00	3,014,085	<11	181,130	1.81
	Ad26.COV2.S	344,444	<11	17,091	0.00	410,377	<11	21,898	0.41	42,559	<11	12,587	1.82
Mastocytosis	BNT162b2	5,021,182	<11	181,130	0.00	2,013,329	<11	191,130	1.07	3,014,085	<11	181,130	1.35
	mRNA 1273	2,566,651	<11	181,130	0.00	2,013,329	<11	191,130	0.00	3,014,085	<11	181,130	1.26
	Ad26.COV2.S	344,444	<11	17,091	0.00	410,377	<11	21,898	0.94	42,559	<11	12,587	1.63
Appendicitis	BNT162b2	5,021,182	6	181,130	0.00	2,013,329	144	191,130	1.01	3,014,085	649	181,130	1.32
	mRNA 1273	2,566,651	<11	181,130	0.00	2,013,329	<11	191,130	1.08	3,014,085	<11	181,130	1.27
	Ad26.COV2.S	344,444	<11	17,091	0.00	410,377	<11	21,898	0.97	42,559	<11	12,587	1.04
Common Thromboses with Thrombocytopenia	BNT162b2	5,021,182	86	181,130	1.00	2,013,329	94	191,130	1.08	3,014,085	81	181,130	1.51
	mRNA 1273	2,566,651	48	181,130	0.86	2,013,329	63	191,130	0.93	3,014,085	49	181,130	1.15
	Ad26.COV2.S	344,443	<11	17,091	1.46	410,377	15	21,898	1.80	42,559	<11	12,587	0.98
Intracranial Hemorrhages (Intracerebral)	BNT162b2	5,021,182	<11	181,130	0.00	2,013,329	<11	191,130	1.14	3,014,085	<11	181,130	0.98

Pound latest £1 = \$114

KAY BURLEY

HANKCOCK IN THE JUNGLE

Matt Hancock said he signed up to the show so he can "go to where the people are - not to sit in ivory towers in Westminster"

sky news 08:39 FTSE 7336.48 Healthcare strikes would be "damaging to everybody" **BREAKING NEWS**

TRUMP NEEDS TO TONE DOWN THE RHETORIC



BEFORE SOMEONE GETS KILLED

**I'm a Yellow Card
Reporter
#MedSafetyWeek
#VaccineInjured**



DAY IN THE LIFE AS A PRODUCT MANAGER

@META

day in the life as a 23
year old product
manager at Meta

hiitsrileyjas

Thank you for 100k likes! 🥰

much more on the way! 🙌

🎵 love quantities @60 Second 9



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New



Interact



Profile

Meta Platforms Inc

NASDAQ: META



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95.16 USD -243.34 (-71.88%) ↓ year to date

Nov 7, 12:07 PM EST • Disclaimer

1D

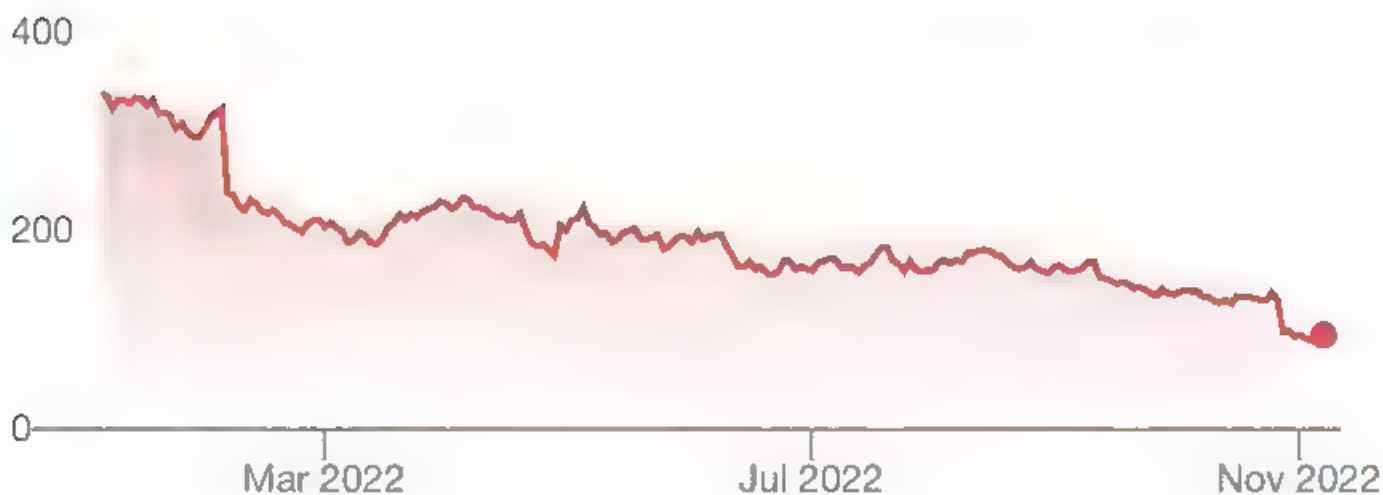
5D

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6M

YTD

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Bangolin







On 11 Feb 2020, at 9:01 am, Ian Lipkin <[REDACTED]> wrote.

It's well reasoned and provides a plausible argument against genetic engineering. It does not eliminate the possibility of inadvertent release following adaptation through selection in culture at the institute in Wuhan. Given the scale of the bat CoV research pursued there and the site of emergence of the first human cases we have a nightmare of circumstantial evidence to assess.

Ian

lipkin's email to a coauthor of The Proximal Origin of SARS-CoV-2 expressing h





+Gigi+

@because93

T.ME/COVIDBC

Replying to @KimDotcom and @DiedSuddenly

6yr old healthy girl, played soccer, dance classes, etc. It took 1hour 36min for them to pronounce her dead. 57mins after that jab. The scream from her grandmother, my dear friend when she called to tell me, will haunt me the rest of my life. She never had a chance to even live.

9:34 AM · Oct 28, 2022 · Twitter for Android

Done

 ncbi.nlm.nih.gov

AA



Alt

PDF



Journal of Clinical Medicine

Multidisciplinary Digital Publishing Institute (MDPI)

The Incidence of Myocarditis and Pericarditis in Post COVID-19 Unvaccinated Patients—A Large Population-Based Study

Ortal Tuvali, Sagi Tshori, [...], and Jacob George

the control cohort, 27 patients had myocarditis (0.0046%) and 52 had pericarditis (0.0088%). Age (adjusted hazard ratio [aHR] 0.96, 95% confidence interval [CI]; 0.93 to 1.00) and male sex (aHR 4.42; 95% CI, 1.64 to 11.96) were associated with myocarditis. Male sex (aHR 1.93; 95% CI 1.09 to 3.41) and peripheral vascular disease (aHR 4.20; 95% CI 1.50 to 11.72) were associated with pericarditis. Post COVID-19 infection was not associated with either myocarditis (aHR 1.08; 95% CI 0.45 to 2.56) or pericarditis (aHR 0.53; 95% CI 0.25 to 1.13). We did not observe an increased incidence of neither pericarditis nor myocarditis in adult patients recovering from COVID-19 infection.

Keywords: COVID-19, myocarditis, pericarditis

1. Introduction

Coronavirus disease 2019 (COVID-19), caused by severe acute respiratory syndrome

 **Feedback**

National Law Amendment Bill introduced into Queensland Parliament

11 May 2022

The [Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2022](#) (the Amendment Bill) was Introduced into Queensland parliament today.

Queensland is the host jurisdiction for the National Law. This means any proposed changes agreed by Australian Health Ministers need to be introduced into Queens and Parliament for debate and passage. Western Australia will also introduce a corresponding Amendment Bill into their Parliament.

The Amendment Bill includes more than 30 reforms, including

- that protection of the public and public confidence in the safety of services provided by registered health practitioners and students is the paramount guiding principle for the National Registration and Accreditation Scheme
- a new objective and guiding principle to support a culturally safe health workforce that is responsive to Aboriginal and Torres Strait Islander Peoples, as well as
- reforms that will strengthen governance and public protection.

The Amendment Bill has been referred to the Queensland Parliament's Health and Environment Committee for scrutiny.

More information is available on [Queensland Legislation](#) website



THE CONVERSATION

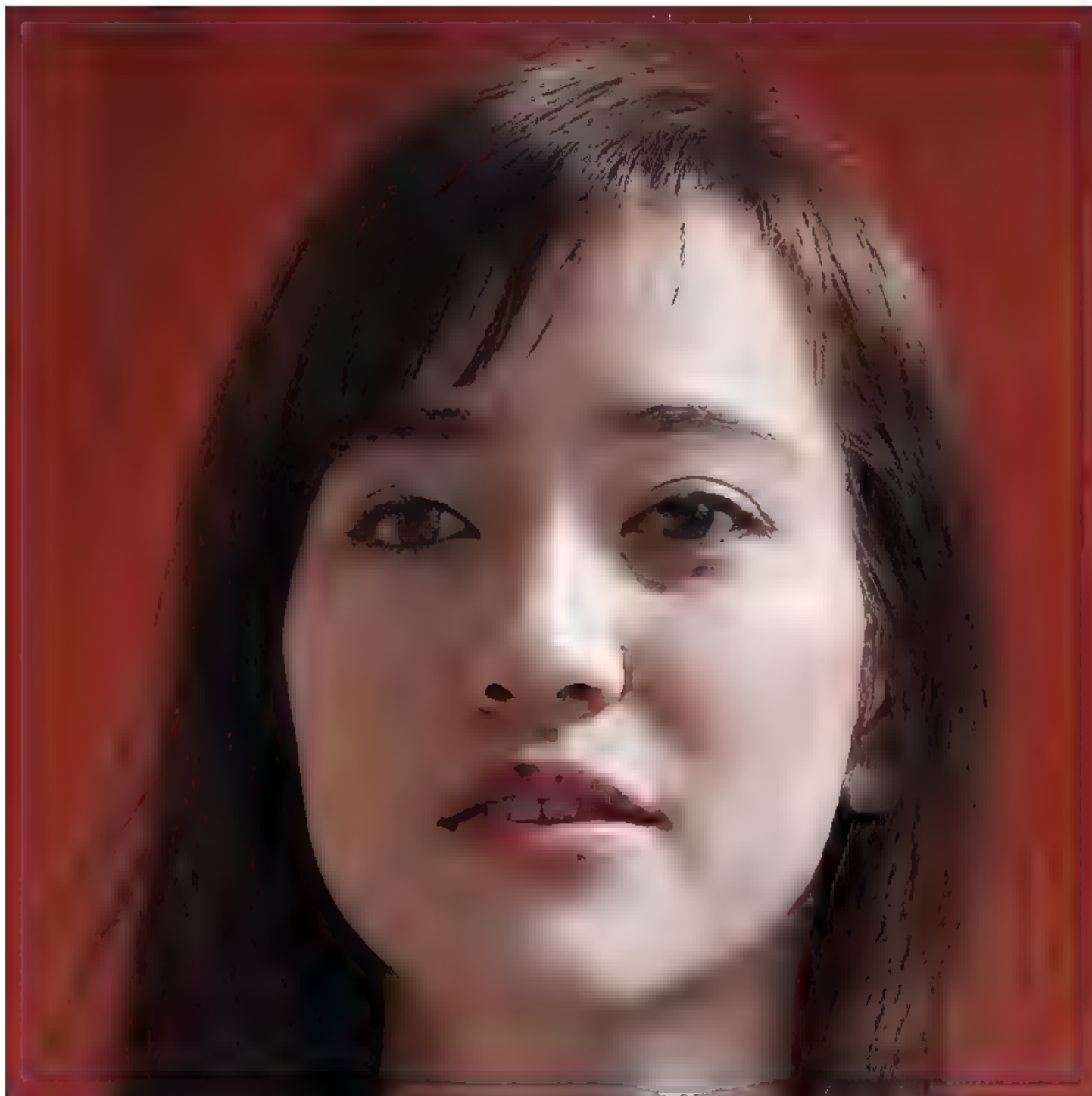
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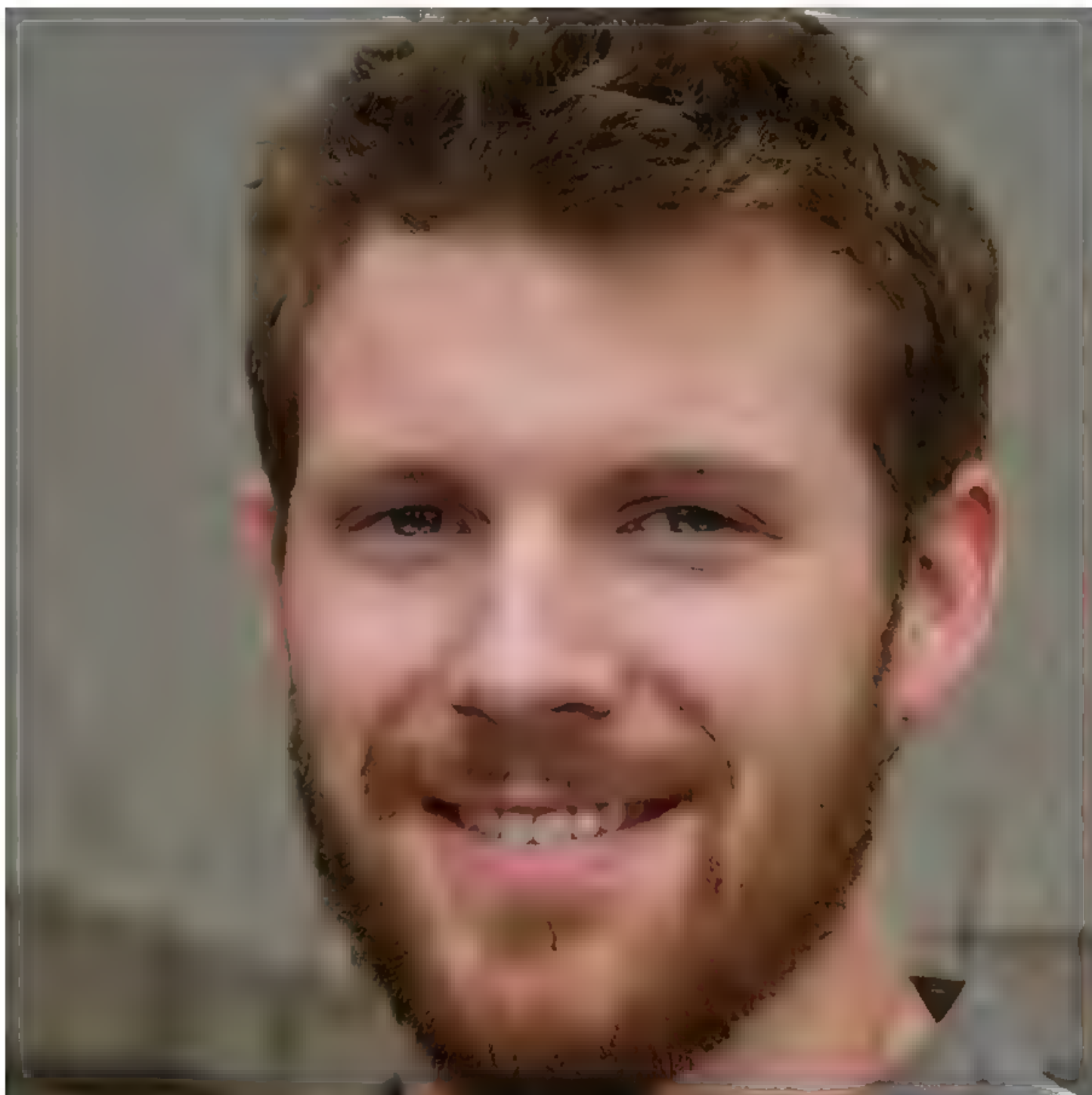


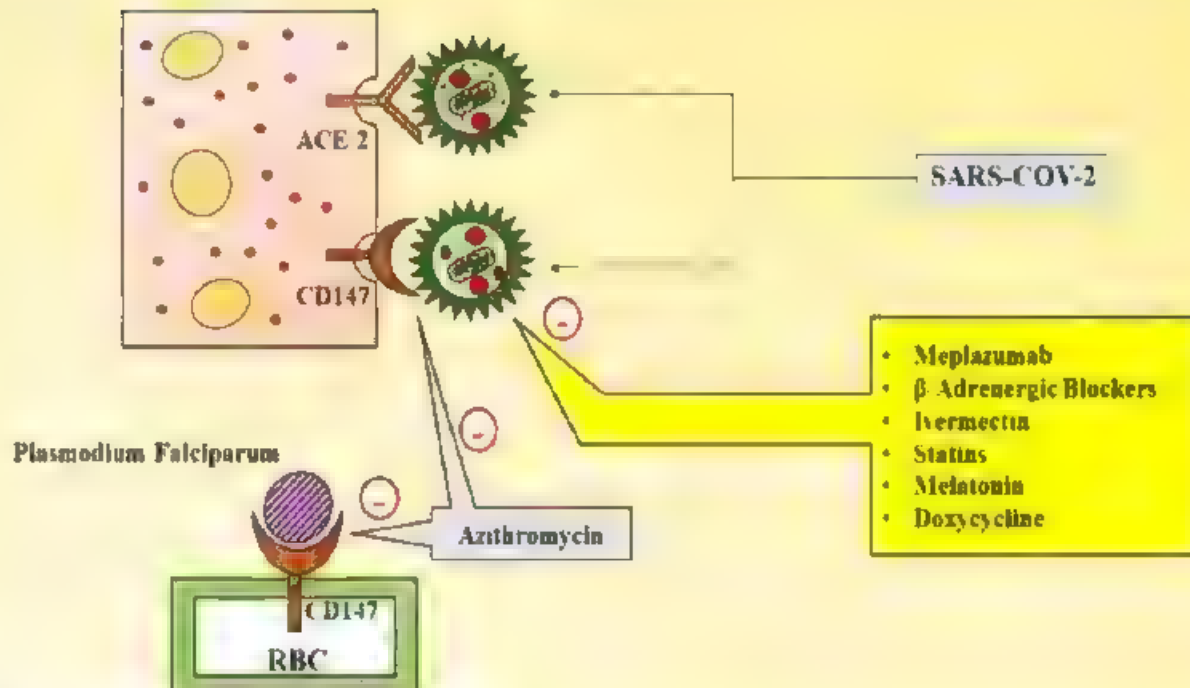
Getty Images

With a COVID 'variant soup' looming, New Zealand urgently needs another round of vaccine boosters











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חייגו עכשיו *6568

או כנסו אל האתר וקבלו עם שלוח מהיר עד הבית



LifeLine
רפידת חסימה ל-7 שנים
הצלה בסיוע הטכני
לחייגת ל-9 שנים
חד לשבר דטום



HEARTLINE
רפידת חסימה הטכני
הצלה בסיוע הטכני
לחייגת ל-9 שנים
חד לשבר דטום



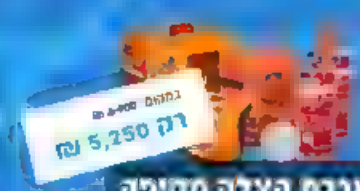
ערכת הצלה בסיסית
רפידת חסימה ל-7 שנים
הצלה בסיוע הטכני
לחייגת ל-9 שנים
חד לשבר דטום



ערכת הצלה חיונית
רפידת חסימה ל-7 שנים
הצלה בסיוע הטכני
לחייגת ל-9 שנים
חד לשבר דטום



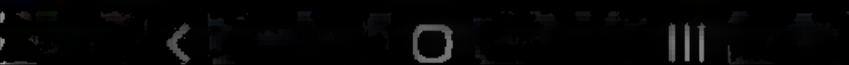
ערכת הצלה משופרת
רפידת חסימה ל-7 שנים
הצלה בסיוע הטכני
לחייגת ל-9 שנים
חד לשבר דטום



ערכת הצלה מקיפה
רפידת חסימה ל-7 שנים
הצלה בסיוע הטכני
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7 comments • 2 shares • 2.2K Views





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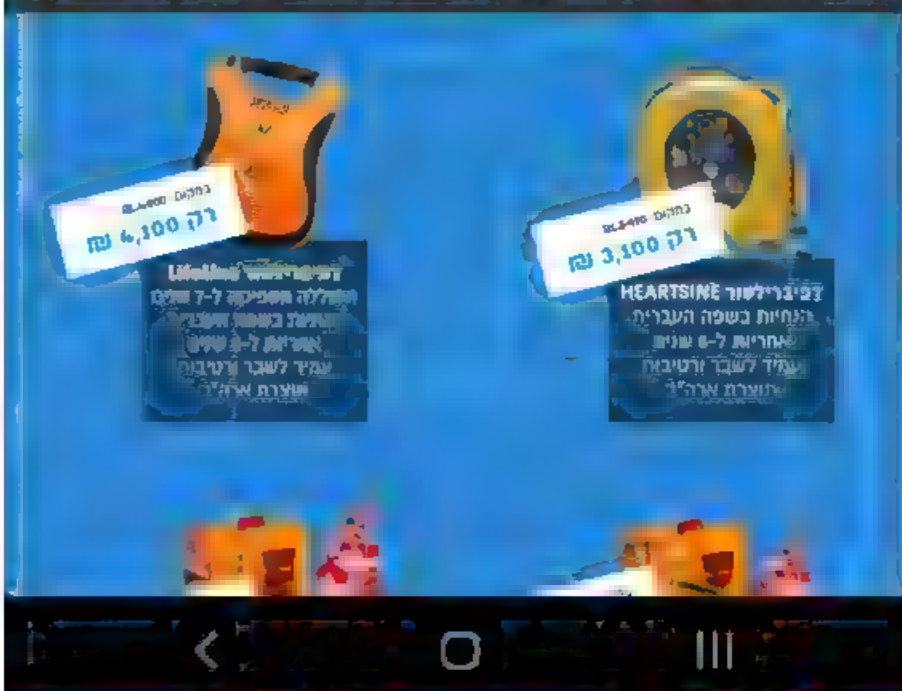
18h •



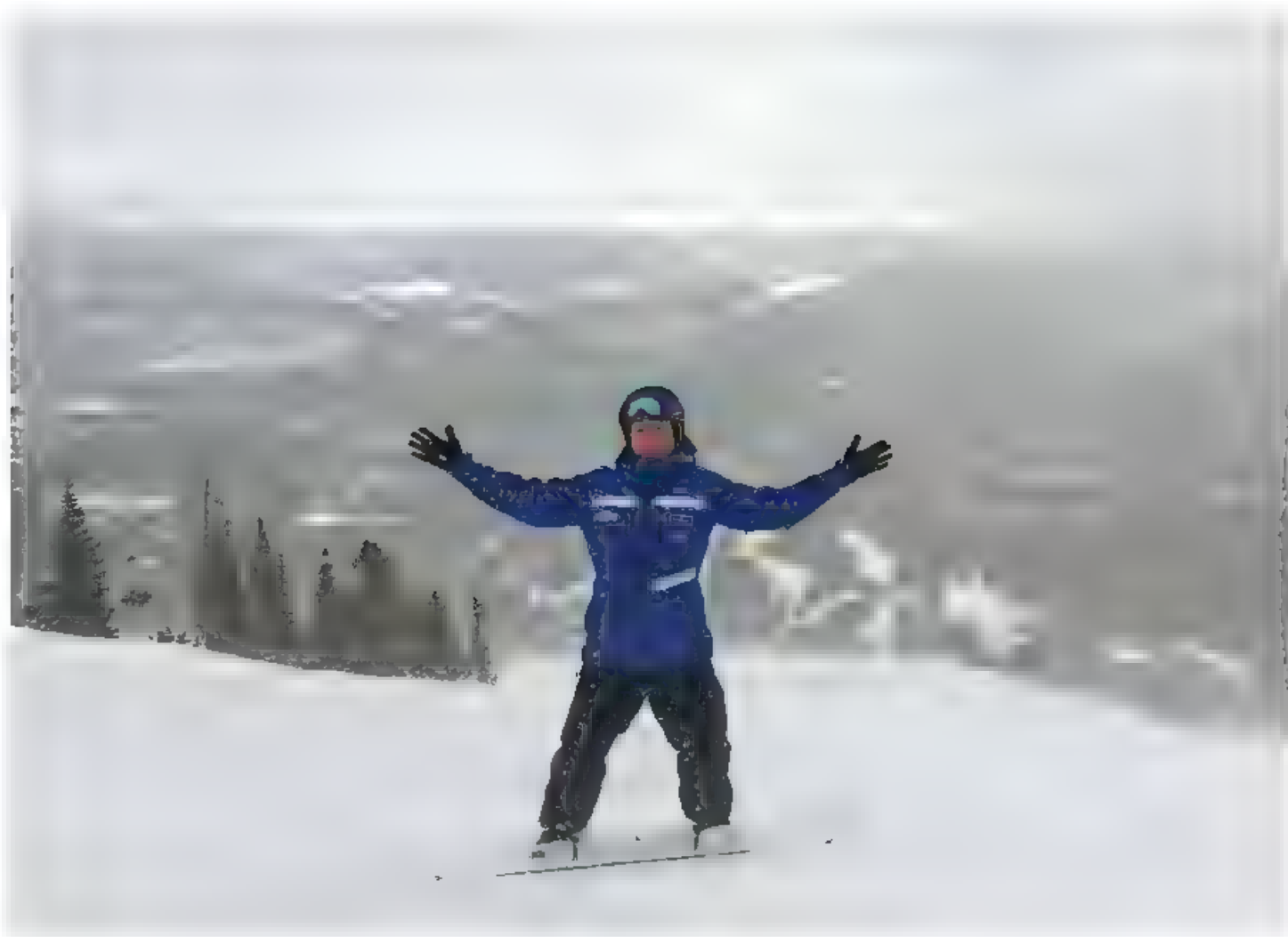
ימי מכירות מיוחדים
של שופינג IL בהצלה שופ - מתחילים עכשיו
מגוון מוצרים ענק בהנחות ליומיים בלבד!
דפיברילטורים וציוד החייאה במחירים מסובסדים!
אל תפספסו מלאי הדפיברילטורים מוגבל!

בכל שנה מאות מקרי מוות היו יכולים להמנע אם
רק היו מספיקים לטפל בעזרת דפיברילטור, שהיה
מחזיר את הלב לפעילות תקינה - לדאוג לבריאות
שלנו זה הכי ישראלי!
לרכישה מהירה <<
חייגו עכשיו *6568

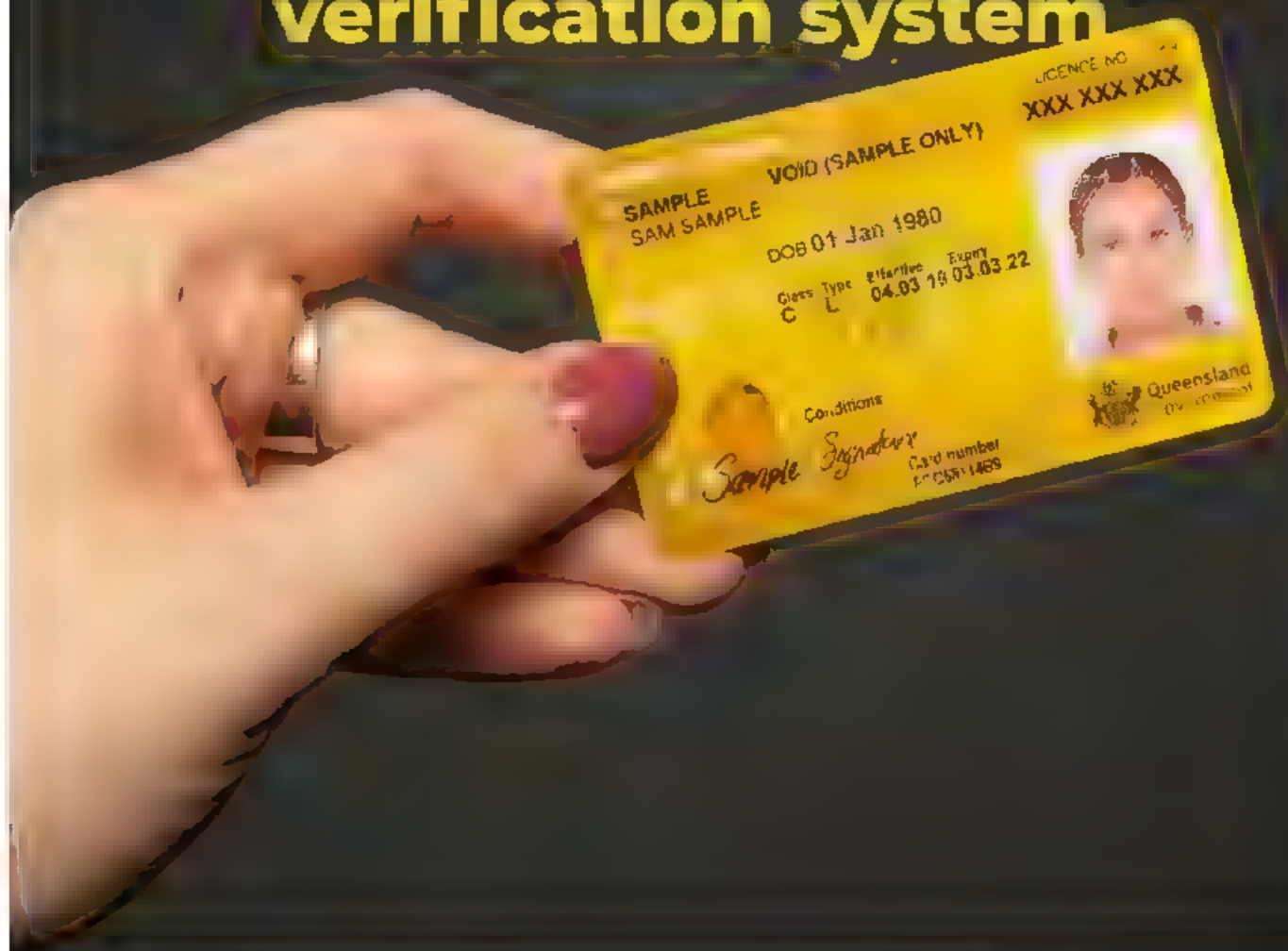
או כנסו אל האתר וקבלו עם שליח מהיר עד הבית

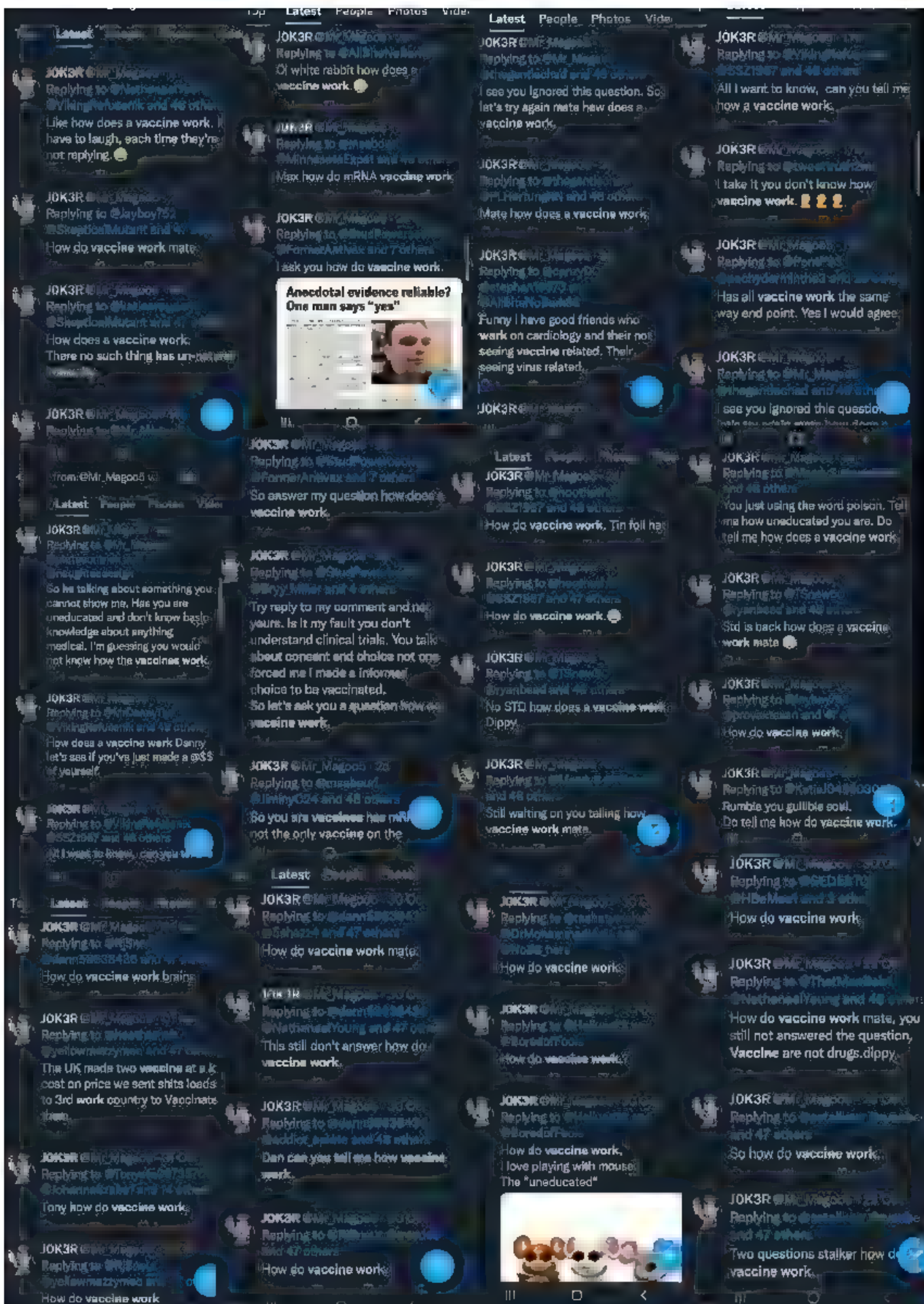






Following the **Optus data breach**, Queensland driver licences will now have a **two-factor verification system**







SENATOR GERARD RENNICK

So from a finance background, we
can't advertise

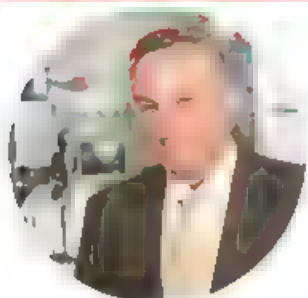
Senate Environment
Legislation Committee

STOP MEDICAL CENSORSHIP SYMPOSIUM NSW

Thursday 1st December

IN PERSON - BOOKING ESSENTIAL

Registrations open from 6 PM
6:30 PM Start
Finishing at 9 PM



Dr Phillip Altman



Dr David Adler



Dr Natalie Dumer

VENUE:
Club Rose Bay
The Deck Lounge Bar
1 Vickery Avenue , Rose Bay

Limited Tickets

In Person - \$25



Dr Ryan Cole



Dr. Ross Grant

Refreshments:
Tea and Coffee provided.
Drinks can be purchased from the bar

BOOK TODAY

<https://www.trybooking.com/CEDRG>
(Bookings close 5pm Sun 27 November)



Tony Nikolic

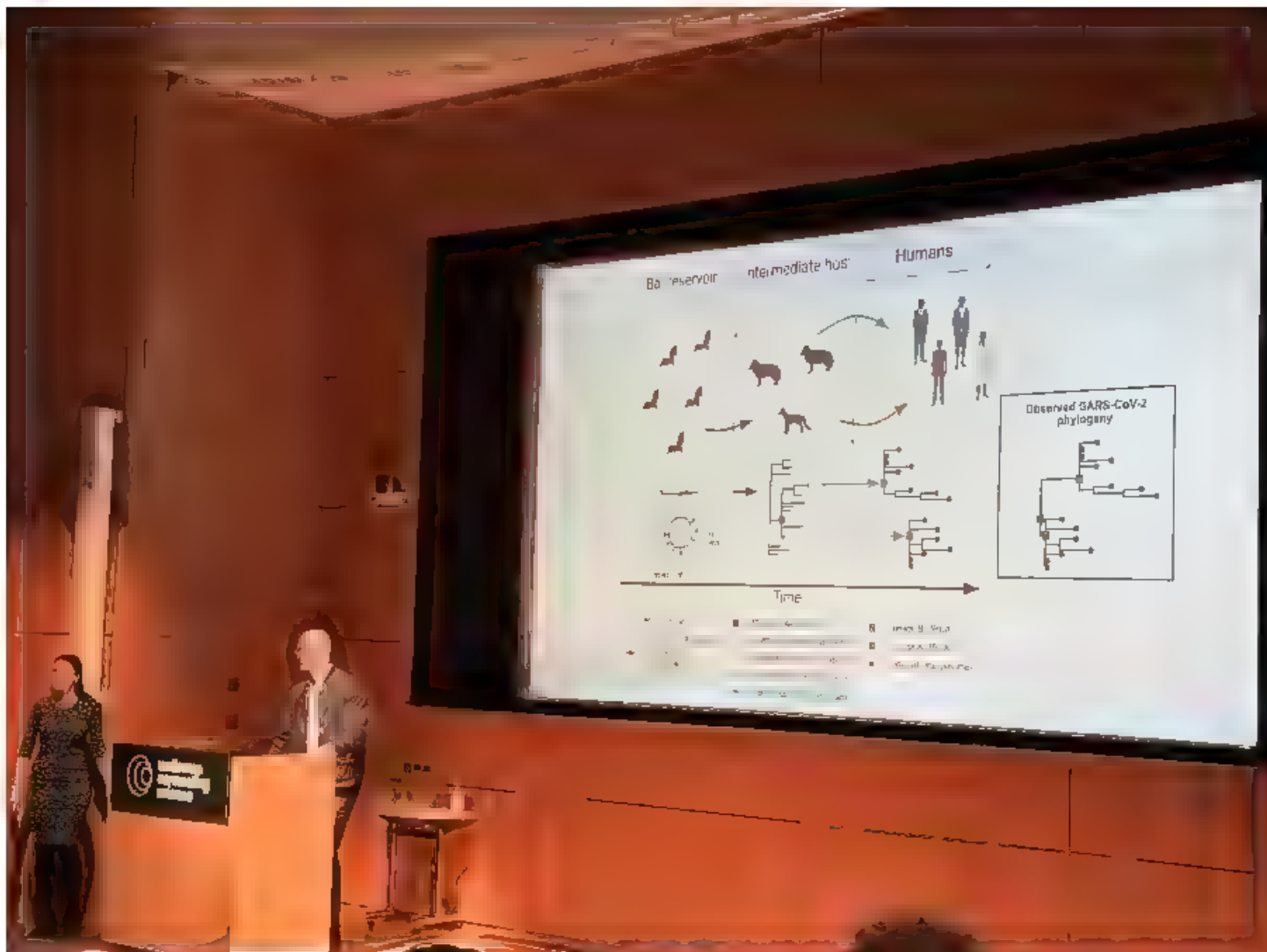


Rebecca Weissner



Tanya Davies MP







Royal College of
Obstetricians &
Gynaecologists

Information Governance (IG) Team
10-18 Union Street
London
SE1 1SZ
United Kingdom

Direct telephone: +44 (0)207 772 6200
Email: foi@rcog.org.uk

Wednesday 16 March 2022

[REDACTED]
Sent by email

Dear [REDACTED]

**Re: Request for Information (RFI) under the Freedom of Information Act 2000 (FOIA) –
[REDACTED]_FOI_20220303**

Thank you for your RFI received Thursday 03 March 2022. Please see an extract of your request and our response below.

Your request

"The documents I request are

- 1. All RCOG emails between the members of the College's vaccine advisory committee that include reference to the use of the UKHSA data referenced in the above in preparation of the publication of this version of the web page*
- 2. The data containing pregnancy outcomes for 177,000 that the advisory committee has assessed if the advisory committee did not assess this data, please reply "The advisory committee did not assess this data itself, but relied on" and quote/supply the external report that the committee relied on*
- 3. The email containing the final draft of the webpage with its authorship and request for confirmation that the members of the advisory committee endorsed the final version*
- 4. The full document and data referred to as "UKHSA data" referenced in the advisory which has been assessed by the advisory committee and for which the recommendation was subsequently made that the UKHSA data be included in the webpage to reinforce the claim of total safety of the vaccine in pregnancy for both mother and baby*
- 5. A copy of the actual animal studies reports (more than one animal study is required) referenced in the advisory, on which the statement "Studies... in animals... have shown no evidence (of) .. harm to the pregnancy"*
- 6. Any documents from lay members of the public or College members that have advised of safety concerns regarding the vaccine in pregnancy and/or the college's advisory page. If the full documents are not available a summary of numbers should be provided at this time "*



Royal College of
Obstetricians &
Gynaecologists

Our response

The Royal College of Obstetricians and Gynaecologists (the College) is not a public authority and is not subject to the FOA. The College is therefore not obliged to provide you with the information you have requested.

Your next steps

If you have any further queries about this RFI, please contact the Information Governance (IG) Team using the email and postal address at the top of this letter or call us between 9:00am – 4:30pm (UK time) Monday to Friday.

If you are unhappy with our response and want to make a complaint, please contact the College with any further queries on <https://www.rcog.org.uk/en/about-us/policies/complaints-policy/>.

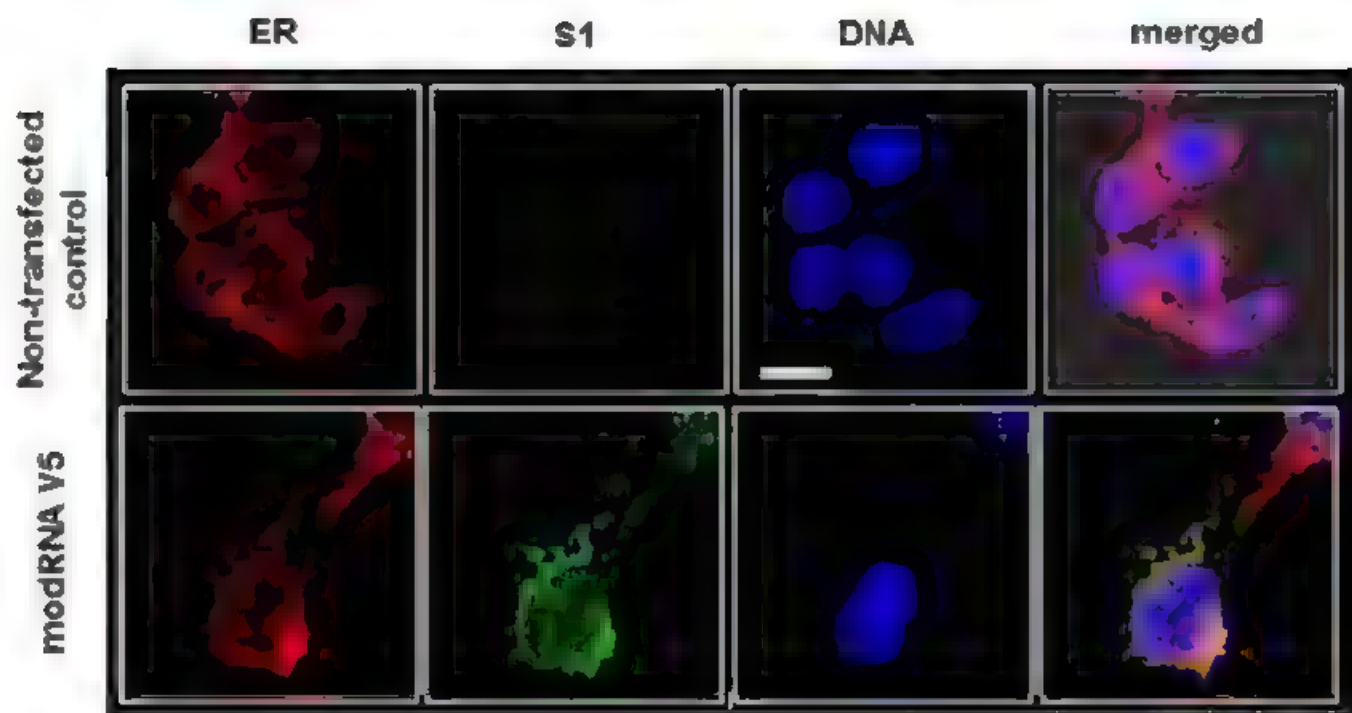
Yours sincerely,

[Redacted Signature]

Records and Information Governance Officer

UK scientists have transfused lab-grown blood into humans for the first time

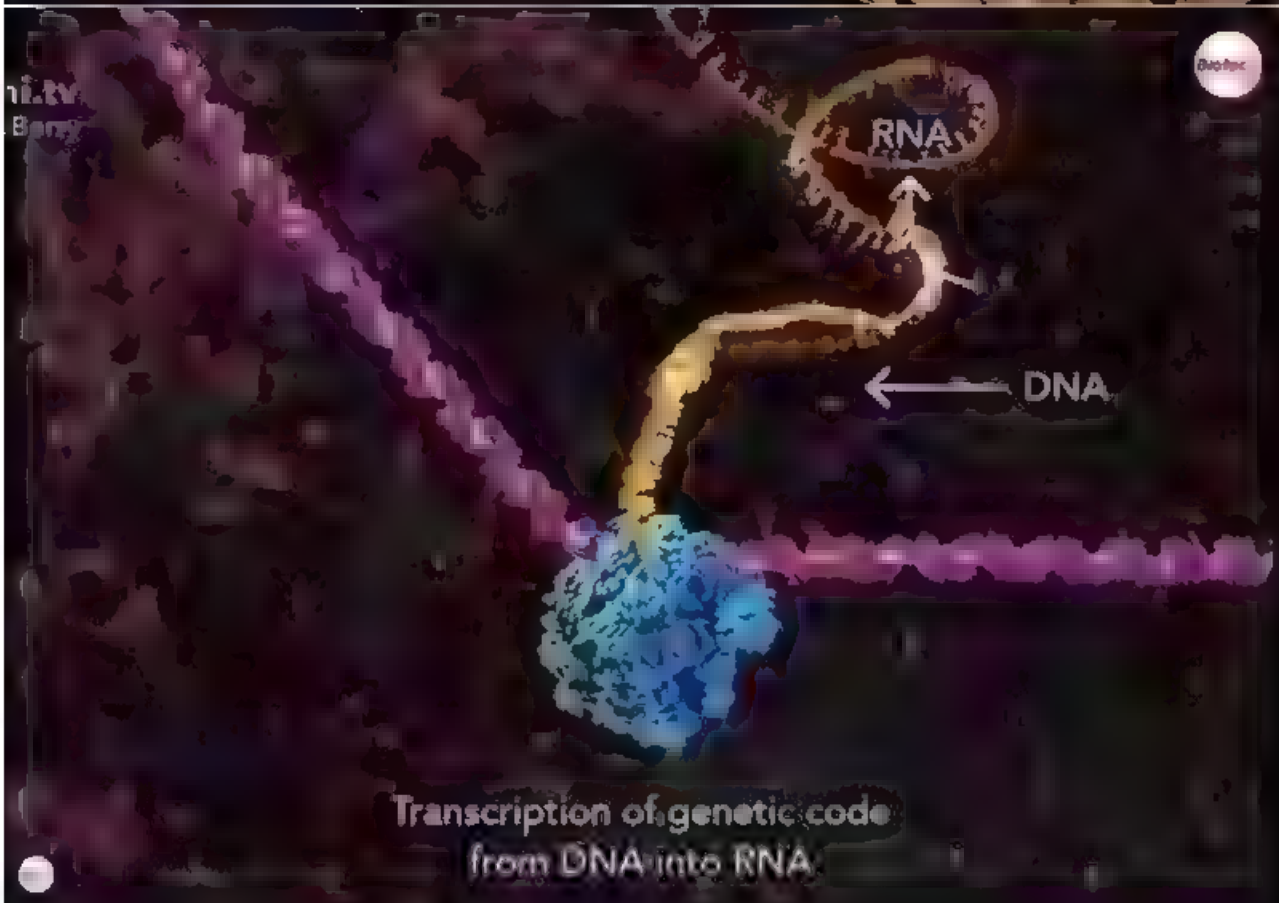














The UKHSA claimed that the huge drop in births in the 2022 vaccine reports was due to a "reporting delay".

These are the figures for 2021 from two reports 6 months apart. No significant difference.

Did the UKHSA lie?

Week 13 report

Month	Women giving birth
Jan-21	41,949
Feb-21	40,093
Mar-21	44,589
Apr-21	42,864
May-21	44,172
Jun-21	43,815
Jul-21	47,444
Aug-21	46,202
Sep-21	46,723
Oct-21	46,212
Nov-21	42,768
Dec-21	41,531

Week 44 report

Month	Women giving birth
January 2021	41,949
February 2021	40,093
March 2021	44,589
April 2021	42,467
May 2021	43,964
June 2021	43,723
July 2021	47,393
August 2021	46,149
September 2021	46,710
October 2021	46,196
November 2021	42,917
December 2021	41,578

Table 6. Overall vaccine coverage in women giving birth, by month of delivery¹

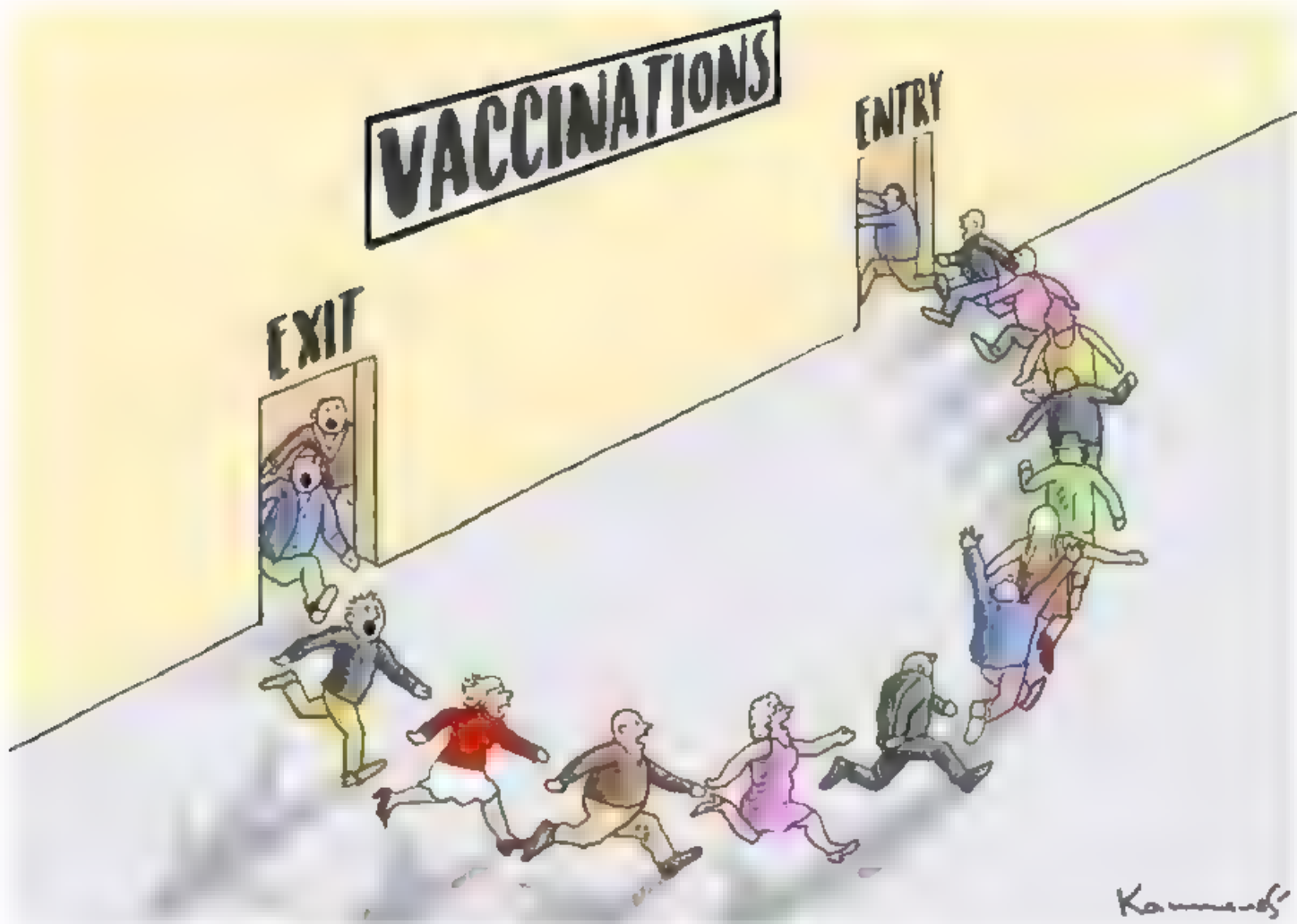
Month	Women giving birth	One or more doses by time of delivery	Two or more doses by time of delivery	Unvaccinated at delivery	Unvaccinated who went on to receive dose(s) after pregnancy to 26 August 2022
Jan 2021	41,949	18 (0.0%)	1 (0.0%)	41,774 (99.6%)	32,258 (77.2%)
Feb 2021	40,093	83 (0.2%)	0 (0.0%)	39,881 (99.5%)	30,812 (77.3%)
Mar 2021	44,589	296 (0.7%)	25 (0.1%)	44,173 (99.1%)	33,915 (76.8%)
Apr 2021	42,686	494 (1.2%)	93 (0.2%)	42,041 (98.5%)	31,982 (76.1%)
May 2021	44,179	1,282 (2.9%)	310 (0.7%)	42,754 (96.8%)	31,701 (74.1%)
Jun 2021	43,891	4,371 (10.0%)	656 (1.5%)	39,384 (89.7%)	27,888 (70.8%)
Jul 2021	47,530	7,725 (16.3%)	2,205 (4.6%)	39,627 (83.4%)	26,522 (66.9%)
Aug 2021	46,197	10,484 (22.7%)	6,131 (13.3%)	35,525 (76.9%)	22,196 (62.5%)
Sep 2021	46,718	15,103 (32.3%)	10,520 (22.5%)	31,439 (67.3%)	17,968 (57.1%)
Oct 2021	46,199	19,213 (41.6%)	14,655 (31.7%)	26,801 (58.0%)	13,654 (50.9%)
Nov 2021	42,918	20,898 (48.7%)	16,481 (38.4%)	21,860 (50.9%)	8,838 (40.4%)
Dec 2021	41,578	22,369 (53.8%)	18,044 (43.4%)	19,038 (45.8%)	5,598 (29.4%)
Jan 2022	39,332	23,449 (59.6%)	19,968 (50.8%)	15,738 (40.0%)	2,717 (17.3%)
Feb 2022	36,348	Week 35		1,180 (3.3%)	1180 (3.6%)
Mar 2022	38,710			1,300 (3.0%)	565 (4.9%)
Apr 2022	37,167			1,277 (2.7%)	295 (2.9%)
May 2022	37,893	27,719 (73.2%)	25,367 (66.9%)	10,040 (26.5%)	158 (1.6%)

¹ 2,637 women could not be matched with a NIMS record. Their vaccine status is therefore unknown and they are excluded from these coverage figures.

Table 5. Overall vaccine coverage in women giving birth, by month of delivery ¹

Month	Women giving birth	One or more doses by time of delivery	2 or more doses by time of delivery	Unvaccinated at delivery	Unvaccinated who went on to receive dose(s) after pregnancy to 26 August 2022
January 2021	41 949	18 (0.0%)	1 (0.0%)	41 774 (99.6%)	32 271 (77.3%)
February 2021	40 093	83 (0.2%)	0 (0.0%)	39 882 (99.5%)	30 833 (77.3%)
March 2021	44,589	295 (0.7%)	25 (0.1%)	44,173 (99.1%)	33,931 (76.8%)
April 2021	42,467	493 (1.2%)	93 (0.2%)	41,825 (98.5%)	31 850 (76.2%)
May 2021	43 964	1 261 (2.9%)	309 (0.7%)	42 542 (96.8%)	31 625 (74.3%)
June 2021	43 723	4 369 (10.0%)	656 (1.5%)	39 219 (89.7%)	27 832 (71.0%)
July 2021	47 393	7 717 (16.3%)	2,203 (4.6%)	39 497 (83.3%)	25,493 (67.1%)
August 2021	46 149	10,486 (22.7%)	6 129 (13.3%)	35,488 (76.9%)	22 208 (62.6%)
September 2021	46 710	15,101 (32.3%)	10,519 (22.5%)	31,433 (67.3%)	17 992 (57.2%)
October 2021	46 186	19,211 (41.6%)	14,655 (31.7%)	26 801 (58.0%)	13 689 (51.1%)
November 2021	42 917	20,898 (48.7%)	16 482 (38.4%)	21 880 (50.9%)	8 864 (40.5%)
December 2021	41,578	22,372 (53.8%)	18,048 (43.4%)	19 033 (45.8%)	5,534 (29.6%)
January 2022	39 331	23,449 (59.6%)	19 971 (50.8%)	15,739 (40.0%)	2 776 (17.6%)
February 2022	36,348	26,029 (71.6%)	21,819 (59.8%)	10,051 (27.7%)	1221 (10.0%)
March 2022	38 702	26,029 (71.6%)	21,819 (59.8%)	10,051 (27.7%)	611 (5.3%)
April 2022	37 539	26,029 (71.6%)	21,819 (59.8%)	10,051 (27.7%)	330 (3.2%)
May 2022	38,345	26,029 (71.6%)	21,819 (59.8%)	10,051 (27.7%)	199 (2.0%)
June 2022	37 037	27,029 (73.0%)	24 933 (67.3%)	9,855 (26.6%)	96 (1.0%)

Week 44¹ 2,776 women could not be matched with a NIMS record. Their vaccine status is therefore unknown and they are excluded from these coverage figures



Kammandi

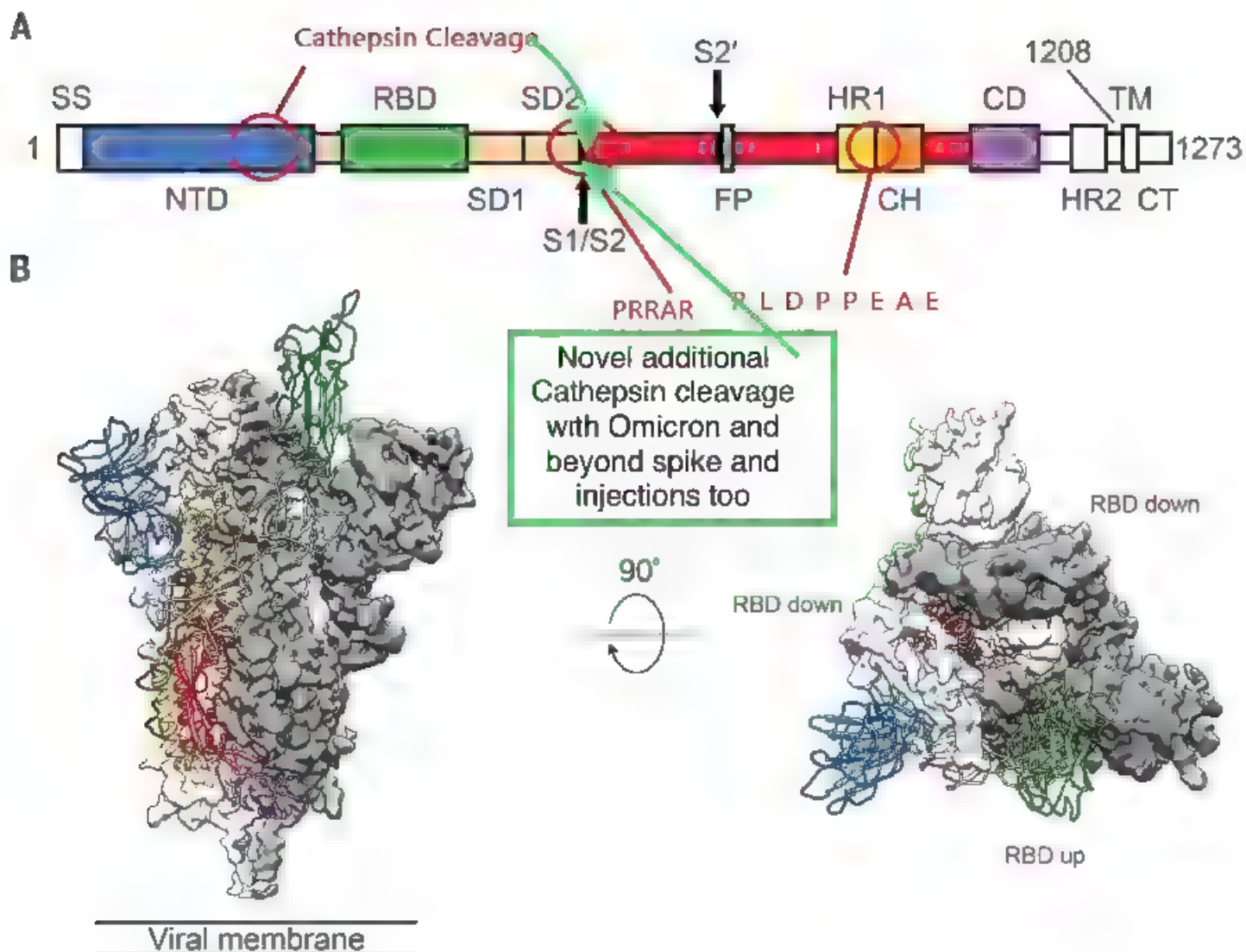
Clinician alert #89 – all clinicians

Effective from 19 October 2022

The Australian Technical Advisory Group on Immunisation (ATAGI) and the Cardiac Society of Australia and New Zealand (CSANZ) have recently updated the “Guidance on Myocarditis and Pericarditis after COVID-19 Vaccinations”

Important information for clinicians

- Myocarditis and/or pericarditis are rare side effects that have been associated with all brands of COVID-19 vaccine currently used in Australia; the available data suggest the risk is higher after an mRNA vaccine and is greater following Spikevax (Moderna) compared to Comirnaty (Pfizer).
- Pericarditis and myocarditis after COVID-19 vaccines have been mostly reported in males aged 16-40 years of age, and mostly after the second dose. However, these conditions do occur in both females and males, at any age, and after any dose, including a third or fourth dose.
- Myocarditis and pericarditis following vaccination can present with atypical features, such as the absence of chest pain, or the presence of abdominal pain or other non-specific symptoms. It is important to consider myocarditis in the differential diagnosis if someone presents with ongoing non-specific symptoms in the 1-2 weeks following a COVID-19 vaccine
- Most myocarditis cases linked to COVID-19 vaccination have required hospitalisation, with most cases having a relatively mild and self-limiting course. Fatal cases have been reported, including in females.
- Patients with confirmed myocarditis should be admitted to hospital for cardiac monitoring, until the cardiac biomarker levels have peaked, and symptoms have improved.
- Follow-up cardiac MRI studies of patients who had experienced myocarditis following mRNA COVID-19 vaccination frequently demonstrated late gadolinium enhancement (LGE) in areas of their myocardium. Some studies have shown improved but persistent LGE a few months after onset of myocarditis. In other contexts, these changes have represented myocardial scarring. The clinical significance of these findings following myocarditis after COVID-19 vaccination is currently unknown.
- ATAGI recommends an 8-week interval between dose one and dose two for the Pfizer, Moderna and Novavax vaccines, particularly for males aged 12 to 39 years. This may reduce the risk of myocarditis and/or pericarditis following vaccination.
- Providers should consider the potential risk of myocarditis and pericarditis when selecting a COVID-19 vaccine brand and dose interval, considering the individual's age, gender, preferences, and any precautions in relation to specific vaccine brands.



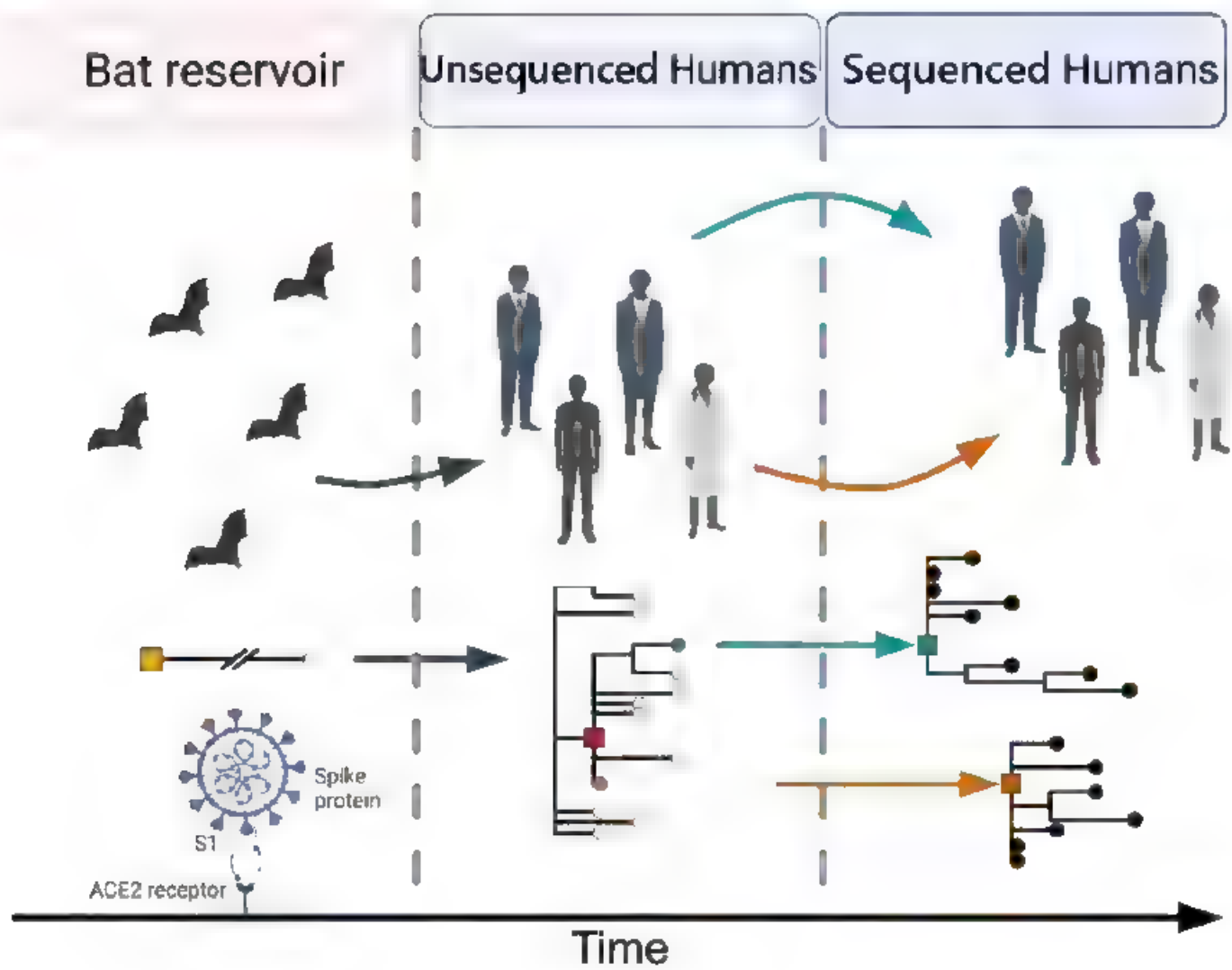


Table 6. Overall vaccine coverage in women giving birth, by month of delivery ¹

Month	Women giving birth	One or more doses by time of delivery	Two or more doses by time of delivery	Unvaccinated at delivery	Unvaccinated who went on to receive dose(s) after pregnancy to 28 August 2022
Jan 2021	41 949	18 (0.0%)	1 (0.0%)	41 774 (99.6%)	32 258 (77.2%)
Feb 2021	40 093	83 (0.2%)	0 (0.0%)	39 881 (99.5%)	30 812 (77.3%)
Mar 2021	44 589	296 (0.7%)	25 (0.1%)	44 173 (99.1%)	33 915 (76.8%)
Apr 2021	42 686	494 (1.2%)	93 (0.2%)	42 041 (98.5%)	31 982 (76.1%)
May 2021	44 179	1 262 (2.9%)	310 (0.7%)	42 754 (96.8%)	31 701 (74.1%)
Jun 2021	43 891	4 371 (10.0%)	656 (1.5%)	39 384 (89.7%)	27 688 (70.8%)
Jul 2021	47 530	7 725 (16.3%)	2 205 (4.6%)	39 627 (83.4%)	26 522 (66.9%)
Aug 2021	46 197	10 494 (22.7%)	6 131 (13.3%)	35 525 (76.9%)	22 196 (62.5%)
Sep 2021	46 718	15 103 (32.3%)	10 520 (22.5%)	31 439 (67.3%)	17 956 (57.1%)
Oct 2021	46 199	19 213 (41.6%)	14 655 (31.7%)	26 801 (58.0%)	13 654 (50.9%)
Nov 2021	42 918	20 898 (48.7%)	16 481 (38.4%)	21 860 (50.9%)	8 838 (40.4%)
Dec 2021	41 578	22 369 (53.8%)	18 044 (43.4%)	19 036 (45.8%)	5 598 (29.4%)
Jan 2022	39 332	23 449 (59.6%)	19 968 (50.8%)	15 738 (40.0%)	2 717 (17.3%)
Feb 2022	36 348	23 936 (65.9%)	21 040 (57.9%)	12 254 (33.7%)	1 180 (9.6%)
Mar 2022	38 710	26 942 (69.6%)	23 956 (61.9%)	11 626 (30.0%)	565 (4.9%)
Apr 2022	37 187	26 710 (71.9%)	24 106 (64.9%)	10 305 (27.7%)	295 (2.9%)
May 2022	37 893	27 719 (73.2%)	25 367 (66.9%)	10 040 (26.5%)	158 (1.6%)

2 837 women could not be matched with a NIMS record. Their vaccine status is therefore unknown and they are excluded from these coverage figures



nasal swabs and all were Omicron BA.1 infections by sequencing. Twenty individuals were unvaccinated with no history of previous symptomatic COVID-19 infection. Seven individuals had previously been vaccinated with either one dose of Ad26.CoV2.S (n = 2) or two doses of BNT162b2 (n = 5) at least 56 days (56–163 days) prior to infection. Samples were taken a median of four days (1–10 days) after a positive PCR test. The median ages of the vaccinated and unvaccinated individuals were similar (58 and 64 respectively), and infections ranged from mild to severe as determined by World Health Organization (WHO) scoring (Table S1).

We first compared levels of binding antibodies, as measured by enzyme-linked immunosorbent assay (ELISA) against the ancestral D614G, Beta, Delta, and Omicron BA.1 spikes, in unvaccinated individuals. Titers of binding antibodies against Omicron BA.1 were highest, as expected, and were detectable in all donors. Although we observed statistically significant 2.2-, 1.8-, and 1.7-fold decreases in binding to D614G, Beta, and Delta, respectively, in this group, Omicron BA.1 triggered antibodies were fairly cross-reactive for all variants tested in that they lost activity against other VOCs in 10%–25% of individuals (Figures 1A and 1C). In previously vaccinated individuals who experienced breakthrough infection with Omicron BA.1, binding against Omicron BA.1 was higher than in unvaccinated individuals (geometric mean titer [GMT] of 2.96 versus 1.95) (Figures 1B and 1C). Furthermore, antibodies from these vaccinated individuals exhibited higher levels of cross-reactivity against all variants, and no significant losses were observed (Figure 1B).

observed in relation to Omicron BA.1, and all donors exhibited activity against the panel of VOCs tested here (Figure 1E). Compared with unvaccinated individuals, vaccinated individuals infected with Omicron BA.1 displayed significantly higher levels of ADCC, mirroring the binding antibodies (Figures 1E and 1F).

In contrast to binding and ADCC, ADCC in unvaccinated individuals showed significant losses against D614G (3-fold loss) and Beta (4-fold loss). However, like ADCC and binding antibodies, ADCC activity against Delta was retained (Figure 1G). In this group, Omicron BA.1-triggered ADCC was undetectable against D614G and Beta in 25% and 30% of plasma samples, respectively. After previous vaccination, Omicron BA.1 breakthrough infections resulted in overall preservation against VOCs, such that only one individual showed undetectable activity against Delta (Figure 1H). Levels of ADCC in previously vaccinated donors were significantly higher than those in unvaccinated individuals, except that ADCC activity against Delta was similar between both groups (Figure 1I).

of Omicron BA.2, which showed comparatively modest decreases, VOCs significantly compromised neutralization, indicating limited neutralization cross-reactivity of antibodies elicited by Omicron. In contrast, vaccinated individuals who subsequently became infected with Omicron showed greatly improved cross-reactivity with high titers against Omicron BA.1, BA.2, D614G (one amino acid different from the vaccine spike), Beta, Delta, and C.1.2.

We and others have shown that Fc effector functions are largely preserved against VOCs in both convalescent and vaccine-elicited plasma (Kaponek et al., 2022; Richardson et al., 2022). Also, as with neutralization, we have shown that Fc effector function triggered by Beta is more cross-reactive than antibodies elicited by D614G, indicating that the spike sequence of the eliciting immunogen affects the extent of ADCC cross-reactivity (Moyo Gwete et al., 2021; Richardson et al., 2022). Here, we show that Omicron infection similarly triggers differential ADCC cross-reactivity: significantly decreased activity against D614G and Beta but not against Delta. This observation extends to vaccinated individuals in whom ADCC was still significantly poorer against Beta. This differential targeting of ADCC-mediated antibodies indicates that they might preferentially bind sites that differ between Omicron and other VOCs. Alternatively, different VOCs might trigger antibodies with varied glycosylations and isotypes, both of which modulate Fc effector function (Jenneweit and Alter, 2017).

In the absence of vaccination, Omicron-elicited humoral responses, although potent against the matched Omicron spike, show significantly less activity against VOCs. Thus, although highly immunogenic, Omicron does not elicit cross-neutralizing responses. This is consistent with a decreased ability of plasma from unvaccinated individuals to neutralize Delta compared with Omicron after Omicron infection (Khan et al., 2022), which could leave this unvaccinated group at risk of being reinfected with other variants that continued to circulate and evolve in South Africa at the time of this study, including Beta, Delta, and C.1.2. However, we noted only modestly lower neutralizing titers against Omicron BA.2 than against Omicron BA.1 in this cohort, which is in line with a study showing a 3-fold loss in activity against Omicron BA.2 in Omicron BA.1-infected hamsters (Yamasoba et al., 2022). This indicates that despite a number of differences between the sub-lineages, these changes do not seem to greatly alter the capacity of Omicron BA.1 antibodies to neutralize Omicron BA.2.

Only dumb people can claim such a bullshit ignoring T mem! Stick your freaking HIV shot into your asses! Morrons!

Sir Nick said that the Armed Forces had also been working with the Cabinet Office to tackle misinformation and disinformation.

He added: "We have been involved with the Cabinet Office rapid response unit, with our 77 Brigade helping to quash rumours from misinformation, but also to counter disinformation."



Peter Daszak ✓ @PeterDaszak · Oct 18

...

Replying to @andrewtanyongyi @anton orega ado and 15 others

I stated then, & many times since, that none of the 100s of PCR +ve samples from 15K+ bat samples jointly collected by EHA/WIV contained RdRp sequences closer than RaTG13 (4991). All sequences known then were already in Latinne et al. draft way before the pandemic began



1



2



Daszak's own Jan 2020 email contradicts these 2022 tweets!



Peter Daszak ✓ @PeterDaszak · Oct 18

...

Replying to @PeterDaszak @andrewtanyongyi and 16 others

Paper was submitted before pandemic, revised during pandemic, published in summer 2020 w/ no closer-to-SARS-CoV-2-sequences at any step.



1

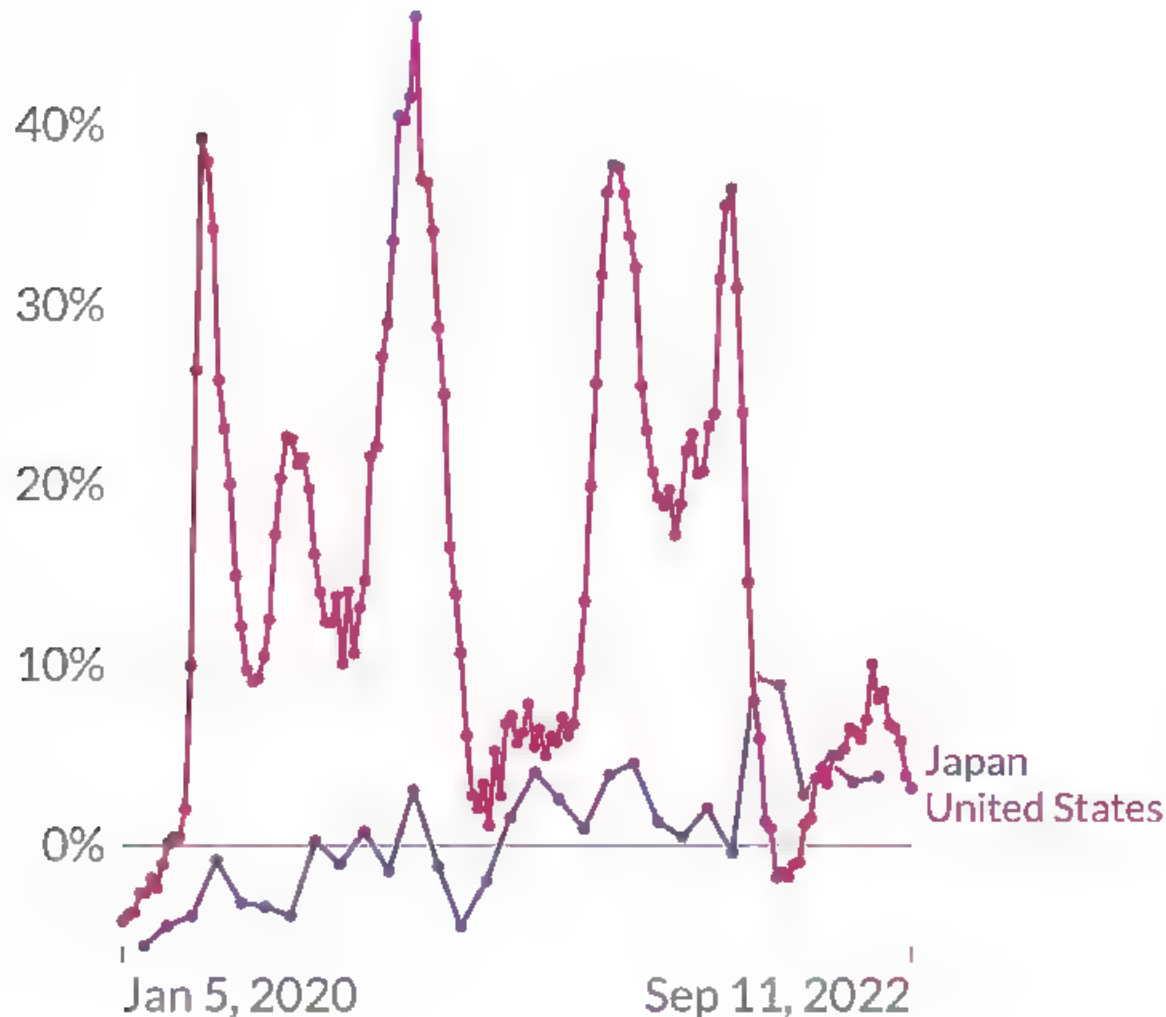


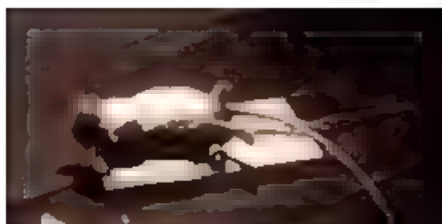
Excess mortality: Deaths from all causes compared to projection

Our World
in Data

The percentage difference between the reported number of weekly or monthly deaths in 2020–2022 and the projected number of deaths for the same period based on previous years. The reported number might not count all deaths that occurred due to incomplete coverage and delays in reporting.

[+ Add country](#)





Journal of Nuclear Medicine, published on September 26, 2013 as doi:10.2967/jnumed.113.121657

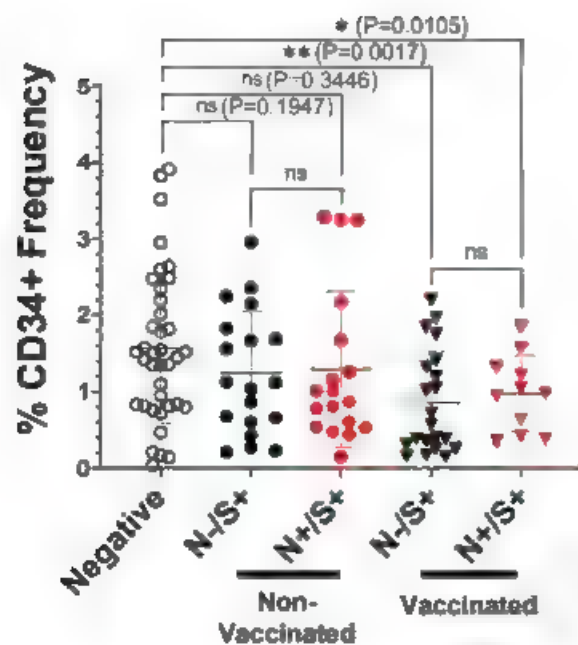
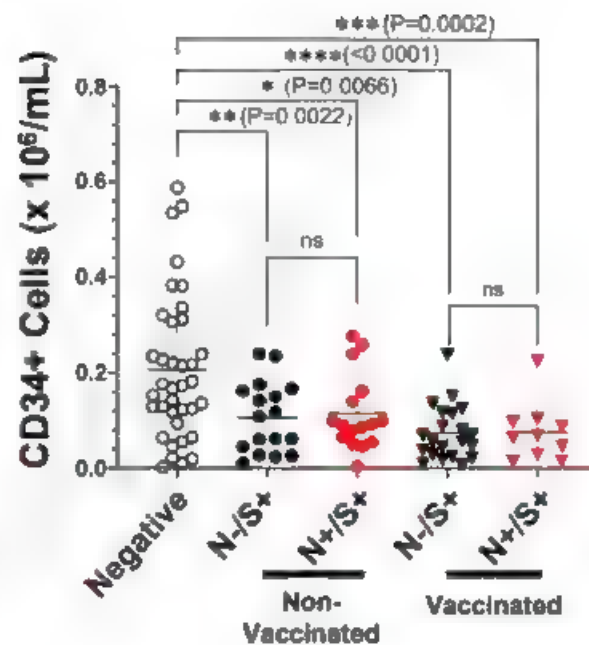
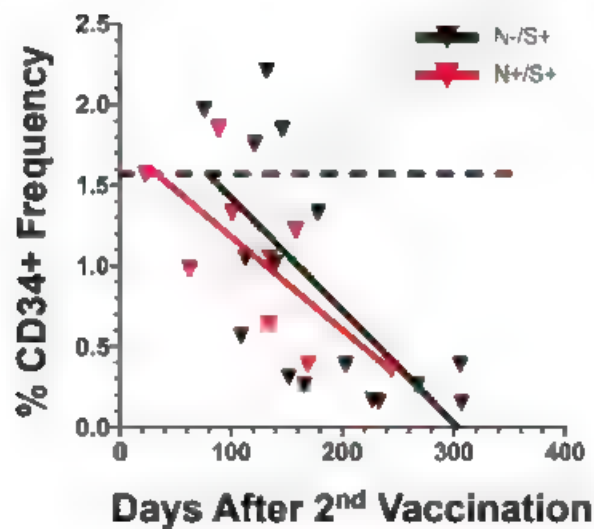
Synthetic Lipid Nanoparticles Targeting Steroid Organs

Juliette Mérian^{1,2}, Raphaël Boisgard¹, Xavier Decleves³, Benoît Theze¹, Isabelle Texier², and Bertrand Tavitian^{1,4}

¹Inserm U1023, I2BM/SHFJ, CEA, Orsay, France, ²CEA Leti, Minutec Campus DTBS, Grenoble, France, ³Faculté de Pharmacie, Université Paris Descartes, Paris, France, and ⁴Inserm UMR 970, PARCC, Université Paris Descartes, Sorbonne Paris Cité, Assistance Publique-Hôpitaux de Paris, Hôpital Européen Georges Pompidou, Paris, France

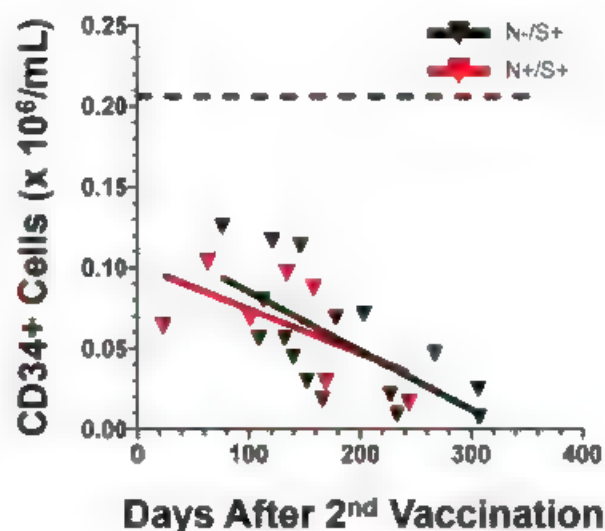


FIGURE 3. In vivo fluorescence imaging. (A) Representative image of FVB female mouse 24 h after intravenous injection of 1.2×10^{13} DiD-loaded nanoparticles. (B) Representative image after laparotomy. (C) Ex vivo image of mouse organs at 24 h after injection. Acquisition times were set at 100 ms; contrast range was from 0 to 1,929 for A, 0 to 4,095 for B, and 0 to 2,902 for C. 1 = intestine: 1a = duodenum; 1b = jejunum; 2 = uterus; 3 = brain; 4 = kidney; 5 = spleen; 6 = lung; 7 = salivary glands; 8 = pancreas; 9 = muscle; 10 = fat; 11 = heart.

A**B****C**

$R^2=45\%$ (**, $p=0.0044$)

$R^2=53\%$ (*, $P=0.0257$)

D

$R^2=46\%$ (**, $p=0.004$)

$R^2=36\%$ (ns, $p=0.1555$)

increase^{53,54}. Importantly, IFN- γ disrupts quiescence of HSPCs and promotes excessive terminal differentiation via bone marrow stromal cell antigen 2 (BST2) that mediates HSPC delocalization and activation^{25,56}. Another report also indicated negative impacts of IFN- γ on HSPCs in terms of multilineage engraftment as well as self-renewability⁵⁷.

More recently, it has also indicated that BNT162b2 mRNA COVID-19 vaccine significantly increases the levels of IFN- γ in the vaccinated subjects more than the infected subjects⁵⁸⁻⁶².

As such, one of the potential reasons for the decrease in UCB CD34+ cells obtained from the double positive donor groups would be continuous stimulation of them by IFN- γ over the course of gestation locally, such as in the fetal liver, bone marrow, or the fetal

the past. Indeed, our transcriptome data indicated significant decreases of some HLA-class II expressions (HLA-DQA1, HLA-DQB1, HLA-DRA, HLA-DRB1, and HLA-DRB5) in purified CD34+ cells from UCB donors in the double positive, non-vaccinated group. If the continuous IFN- γ stimulation was present in the donor, these levels should more increase^{53,54}. Importantly, IFN- γ disrupts quiescence of HSPCs and promotes excessive

You were looking at the wrong HLA?! And of course you will see an increase of IFN- γ in BNT162b2, you psychos!

Summary and Conclusion

Go to »

The main function of the MHC gene is clearing infection and thereby survival of species. HLA genes evolved during thousands of years as humans moved through different parts of the world. The major HLA class II haplotypes DR4/DQ8, DR3/DQ2, and DR2/DQ6 and class I molecules such as B27 are critical in generating efficient immune response to pathogens. They present multiple peptides to activate T cells, B cells, and NK cells and secrete cytokines to control pathogens. Unfortunately, these cells sometime target self antigens and cause autoimmunity. Thus, autoimmunity is the price paid for clearance of infections and survival of the species.

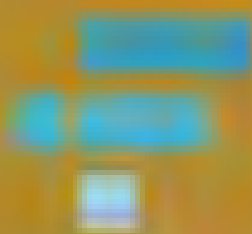
Summary:

Umbilical cord blood (UCB) is an irreplaceable source for hematopoietic stem progenitor cells (HSPCs). However, the effects of SARS-CoV-2 infection and COVID-19 vaccination on UCB phenotype, specifically the HSPCs therein, are currently unknown. We thus evaluated any effects of SARS-CoV-2 infection and/or COVID-19 vaccination from the mother on the fate and functionalities of HSPCs in the UCB. The numbers and frequencies of HSPCs in the UCB decreased significantly in donors with previous SARS-CoV 2 infection and more so with COVID 19 vaccination via the induction of apoptosis, likely mediated by IFN- γ -dependent pathways. Two independent hematopoiesis assays, a colony forming unit assay and a mouse humanization assay, revealed skewed hematopoiesis of HSPCs obtained from donors delivered from mothers with SARS-CoV-2 infection history. These results indicate that SARS-CoV-2 infection and COVID-19 vaccination impair the functionalities and survivability of HSPCs in the UCB, which would make unprecedented concerns on the future of HSPC-based therapies.

The TOGETHER Trial aims to identify effective repurposed therapies to prevent the disease progression of COVID-19.

Dr. Edward Mills & Dr. Salim R. Reis, Co-Principal Investigators, The TOGETHER

trial



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immunologist working on pregnancy at [Imperial College](#)
| equality and diversity in STEM | she/her | Because
VikiLovesNKCells was too long for Twitter

📍 London, England 🔗 imperial.ac.uk/people/v.male

📅 Joined February 2016

2,009 Following **17.8K** Followers

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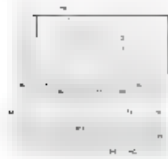
Tweets**Tweets & replies****Media****Likes**

📌 Pinned Tweet

**Viki Male** @VikiLovesFACS · 03 Mar 21

As an immunologist working on pregnancy, I know people have a lot of questions about the [#COVID19](#) [#vaccine](#), [#fertility](#), [#pregnancy](#) and [#breastfeeding](#)... 🧬 👩 👶

This explainer summarises what we know so far (it's reassuring!) and I update it regularly...



Explainer on COVID19 vaccine and fertility.docx
drive.google.com

🗨 332

🔁 948

❤ 1,632

[Show this thread](#)

🔄 Viki Male Retweeted

PregnantThenScrewed @PregnantScrewed · 6h

Jeremy Hunt says he wants to understand why the UK has so many people of working age who have left the labour market as he believes this is why economy is falling behind other nations. 🤔 There





Dr Teresa Kelly

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pregnancy. views are my own @projectnatal

🏠 Medical & Health ⓘ 📍 North West, England

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Dr Teresa Kelly @ztkelly · 26 Sep 21

@MENnewsdesk great article helping explain why Covid vaccination in pregnancy is recommended by @RCOGsGyn and @MidwivesRCM @MFTnhs In a world of vaccine misinformation, a maternity unit is giving women the facts



manchestereveningnews.co.uk

In a world of vaccine misinformation, a maternity unit is giving women the facts

↻ 33

♡ 57



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In 26 HIV, SARS, MERS or SARS-CoV-2 vax prototypes [NIH/VRC or Pfizer] across 3 decades, the S1/S2 Furin Cleavage Site was retained unchanged **twice** for the Moderna/Pfizer-CoV-19 jabs. **None** before or since

Date	Title	Author(s)	Source	Research Focus
1/15/2020	Changed FCS	HIV
1/15/2020	No FCS (Preserve & Secondary CS were removed)	HIV
1/15/2020	No FCS (Doublet used replaces CS)	HIV
1/15/2020	No FCS (Multitude removed)	HIV
1/15/2020	No FCS (Conserved Epitopes)	HIV
1/15/2020	No FCS (Chimeric Conserved AA Clades)	HIV
1/15/2020	No FCS (Removed AA's 104-109 Mosaic structure)	HIV
1/15/2020	No FCS (Removed AA's 104-109 Mosaic structure)	HIV
1/15/2020	Changed FCS (to ASD) 2P	HIV
1/15/2020	FCS & replace it with a Doublet linker	HIV
1/15/2020	FCS Prediction	HIV
1/15/2020	No FCS (Codon optimized, smaller conserved clades)	HIV
1/15/2020	No FCS (9 mosaic conserved prototypes)	HIV
1/15/2020	Changed FCS (J.P. Doublet linker)	HIV
1/15/2020	No FCS (4 mosaic conserved prototypes)	HIV
1/15/2020	Changed FCS (clades pieces blended together)	HIV
1/15/2020	Changed FCS (J.P.)	HIV
1/15/2020	Retained as, changed FCS (J.P.)	HIV
1/15/2020	Retained as, changed FCS (J.P.)	HIV
1/15/2020	Changed FCS (RUFAP) switched on with SARS)	HIV
1/15/2020	Changed FCS (Doublet linker)	HIV
1/15/2020	Changed FCS (J.P. doublet linker)	HIV
1/15/2020	No FCS (AA codon de optimized)	HIV
1/15/2020	No FCS (Multitude Conserved)	HIV
1/15/2020	No FCS (AA)	HIV

Why did **A. Fauci/B. Graham/P. Dormitzer** keep the FCS unchanged in January 2020, for a **novel CoV jab**?
Why **haven't** they kept the FCS for **other prototypes since**?

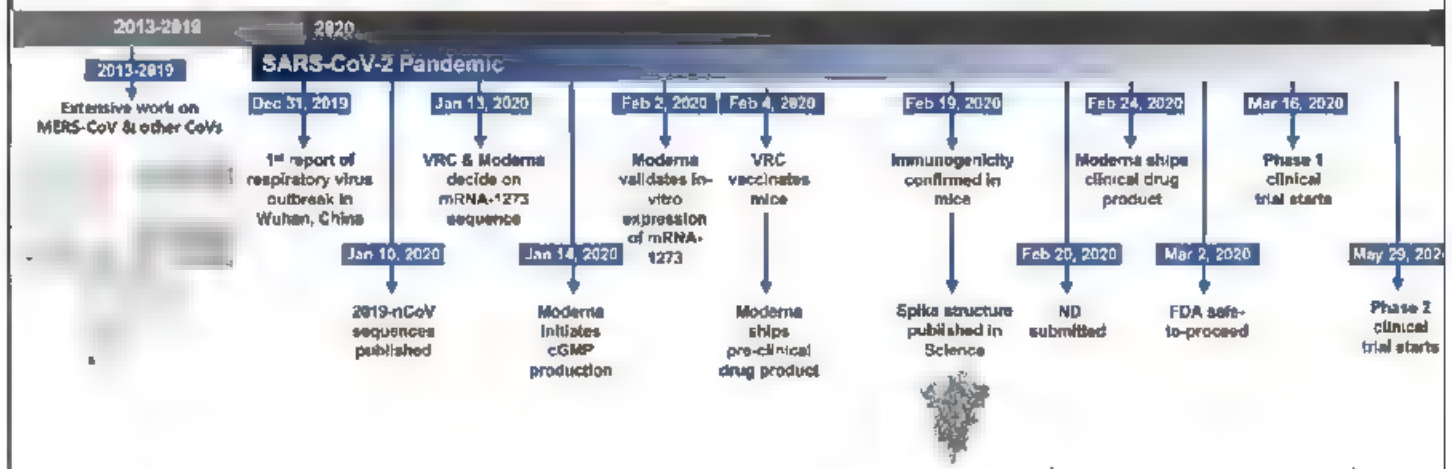
The answer is critically important...

Making the 2P substitutions in SARS-CoV-2 Spike protein

Soon after its identification in Wuhan in early January, the SARS-CoV-2 isolate sequences were released, and within 24 hours, Graham and colleagues had applied 2P substitutions to make a prefusion-stabilized SARS-CoV-2 S-2P protein.

The team then produced mRNA/LNP expressing SARS-CoV-2 S-2P as a transmembrane-anchored protein with the native furin cleavage site (mRNA-1273) and evaluated its effects in six-week-old mice.

In early January 2020, a novel CoV (nCoV) was identified as the cause of a respiratory virus outbreak occurring in Wuhan, China. Within 24 hours of the release of the SARS-CoV-2 isolate sequences (then known as “2019-nCoV”) on January 10th, the 2P mutations were substituted into S positions aa986 and 987 to produce prefusion-stabilized SARS-CoV-2 S (S-2P) protein for structural analysis²² and serological assay development^{23,24} *in silico* without additional experimental validation. Within 5 days of sequence release, current Good Manufacturing Practice (cGMP) production of mRNA/LNP expressing the SARS-CoV-2 S-2P as a transmembrane-anchored protein with the native furin cleavage site (mRNA-1273) was initiated in parallel with preclinical evaluation. Remarkably, this led to the start of a first in human Phase 1 clinical trial on March 16, 2020, 66 days after the viral sequence was released, and a Phase 2 began 74 days later on May 29, 2020 (Extended Data Fig. 2). Prior to vaccination of the first human subject, expression and antigenicity of the S-2P antigen delivered by mRNA was confirmed *in vitro* (Extended Data Fig. 3), and immunogenicity of mRNA-1273 was documented in several mouse strains. The results of those studies are detailed hereafter.



"His name appears everywhere as an author on numerous fraudulent trials. And he is consistently recruited by major media to give damning evidence against repurposed drugs like ivermectin and hydroxychloroquine. This is an example of a thoroughly corrupted scientist who is working in the service of Dr. Fauci, Dr. Collins and the pharmaceutical industry. This is brazen scientific misconduct."
-Pierre Kory, MD, MPA

Conflicts of Interest: ACTIV-6 Ivermectin Trial with Dr. Pierre Kory

VSRF

Vaccine Safety Research

November 12, 2022

71 Views

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National Institutes Of Health ACTIV-6 Trial Studying Ivermectin



JAMA Original Investigation

Effect of Ivermectin vs Placebo on Time to Sustained Recovery in Outpatients With Mild to Moderate COVID-19: A Randomized Clinical Trial



Pierre Kory, MD, MPA

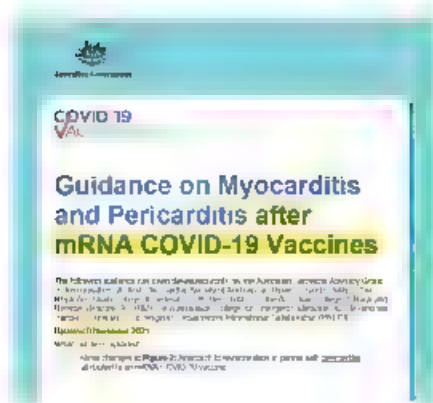
Future dose considerations following suspected vaccine-related myocarditis/pericarditis

The decision to have future doses of COVID-19 vaccine following suspected vaccine-related myocarditis/pericarditis is made on a case-by-case basis. Individuals should defer revaccination until they have been **symptom-free for at least 6 weeks**.

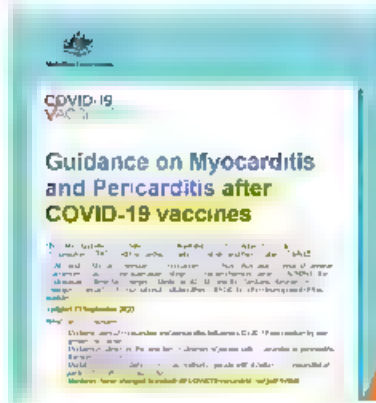
The following list of considerations may aid in the decision-making process.

- Those at risk of severe illness will benefit most from receiving all recommended doses of COVID-19 vaccine. These include
 - People aged 65 years and older
 - People who are severely immunocompromised
 - People with a disability or complex medical conditions
 - Those with medical conditions at high risk of severe disease

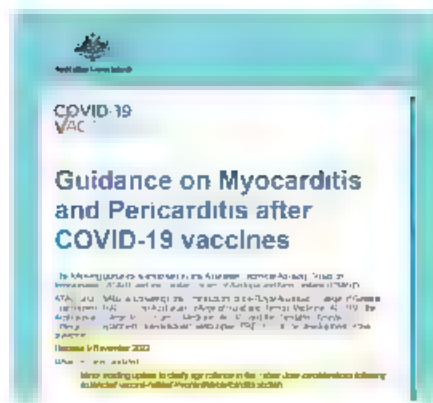
- Each additional dose of vaccine provides a smaller increment of protection against severe disease. E.g. receiving dose 3 of a COVID-19 vaccine is likely to provide greater incremental benefit than receiving dose 4.
- People who experienced chest pain following an earlier dose of COVID-19 vaccine can consider revaccination with an mRNA vaccine if
 - investigations were performed and were normal (i.e. ECG, troponin, echocardiogram, or chest x-ray)
 - they are 40 years of age or older and investigations were not performed or available
 - These individuals do not always require referral to a cardiologist or specialist immunisation service prior to revaccination
- The risk of myocarditis and pericarditis following AstraZeneca is lower than with the mRNA vaccines, though cases do rarely occur. The highest risk is in males aged 40 years and younger.
- Myocarditis and/or pericarditis can occur after Novavax. The small number of doses given globally prevents the calculation of a precise risk. Some cases of myocarditis and pericarditis have been reported in the clinical trial and the Australian surveillance system and have been assessed as likely vaccine-related.
- The rates of myocarditis and/or pericarditis following the non-mRNA vaccines in individuals who have had myocarditis/pericarditis following an mRNA vaccine are unknown.
- Individuals considering AstraZeneca or Novavax should consult the [AstraZeneca vaccine information](#) or [Novavax vaccine information](#) page to consider other risks and benefits of these vaccines.



1st Nov 2021 Guidance **specific** to mRNA COVID-19 Vaccines



23rd Sept 2022 Guidance updated to include **ALL** COVID-19 Vaccines



9th Nov 21 Guidance updated to **clarify age criteria** in the future based on considerations following suspected **vaccine-related myocarditis/pericarditis**

ABSENCE OF EVIDENCE IS NOT EVIDENCE OF ABSENCE

- Pericarditis and myocarditis after mRNA COVID-19 vaccines have been reported most commonly in males under 40 years of age and most commonly after the second vaccine dose. Most myocarditis and pericarditis linked to mRNA vaccination has been mild and patients have recovered quickly. Longer-term follow-up is ongoing.

29th Oct 2021

As mentioned in the Guidance on Myocarditis and Pericarditis after mRNA COVID-19 Vaccines

mRNA vaccines

- A small (increased) risk of myocarditis and/or pericarditis has been observed in people following vaccination with an mRNA vaccine (i.e. Pfizer or Moderna) compared with unvaccinated people.
- The risk is higher with Moderna than with Pfizer.
- Pericarditis and myocarditis after COVID-19 vaccines have been mostly reported in males under 40 years of age and mostly after the second dose. However, these conditions occur in both males and females at any age and after any dose including a third or fourth dose.
- The recommended interval of 6 weeks between dose one and dose two of an mRNA vaccine may reduce the risk of these conditions compared with a shorter interval.

9th Nov 2022

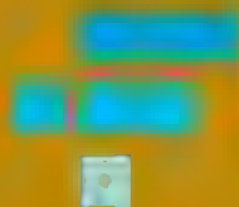
Guidance on Myocarditis and Pericarditis after COVID-19 vaccines

togethertrial.com



"The TOGETHER Trial aims to identify effective repurposed therapies to prevent the disease progression of COVID-19."

Dr. Edward Mills & Dr. Gernot R. Co-Principal Investigators the TOGETHER trial



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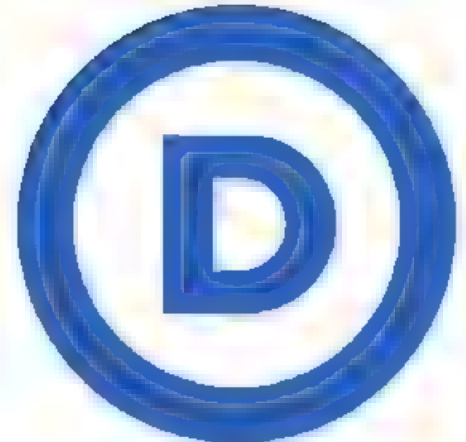
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Rank	Organization	Total Contributions	Total Hard Money	Total Outside Money	To Dems & Libe
1	U.S. House of Representatives	\$129,422,509	\$2,459,796	\$126,962,713	\$129,422,509 (100)
2	Democratic Party	\$80,052,036	\$3,171,021	\$76,881,015	\$3,653,600
3	U.S. Senate	\$70,099,115	\$1,693,168	\$68,405,947	\$44,984,218 (69)
4	U.S. House of Representatives	\$68,679,213	\$1,604,213	\$67,075,000	\$58,312,600
5	Susquehanna River Authority	\$48,385,335	\$148,685	\$48,236,650	\$40,003,600
6	Blackstone Group	\$39,348,408	\$4,728,338	\$34,620,070	\$2,358,500 (6)
7	Newsweb Group	\$35,784,000	\$3,674,000	\$32,110,000	\$35,784,000 (100)
8	U.S. House of Representatives	\$33,148,183	\$2,025,728	\$31,122,455	\$1,479,472 (4)
9	U.S. House of Representatives	\$32,970,272	\$220,022	\$32,750,250	\$0 (0)

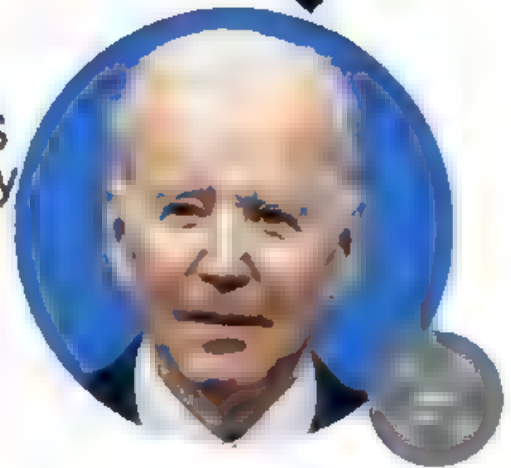
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Thread

**Viki Male**

@VikiLovesFACS

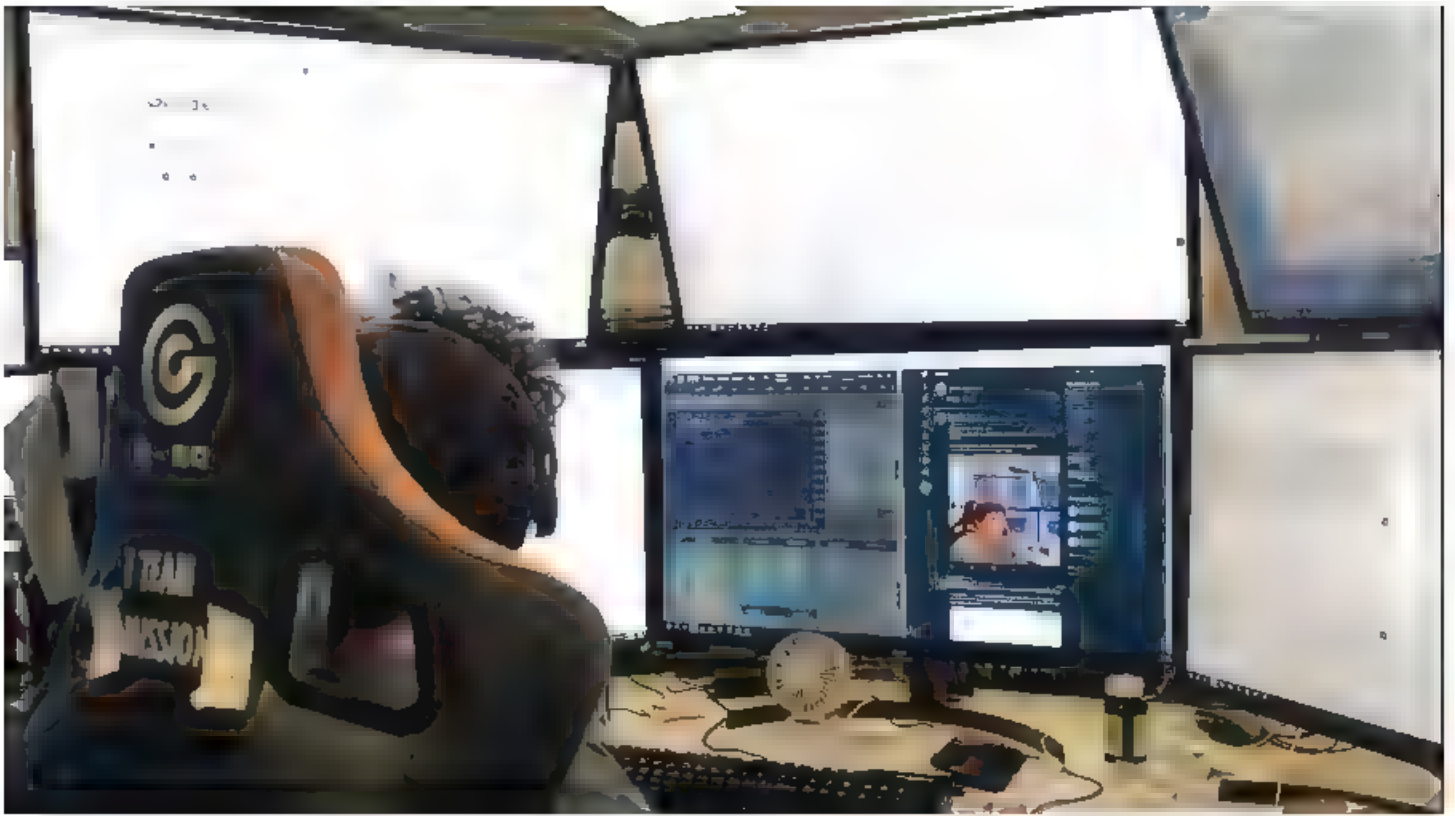
So was rolling the vaccine out to 🇸🇪 without trial data in that population okay?

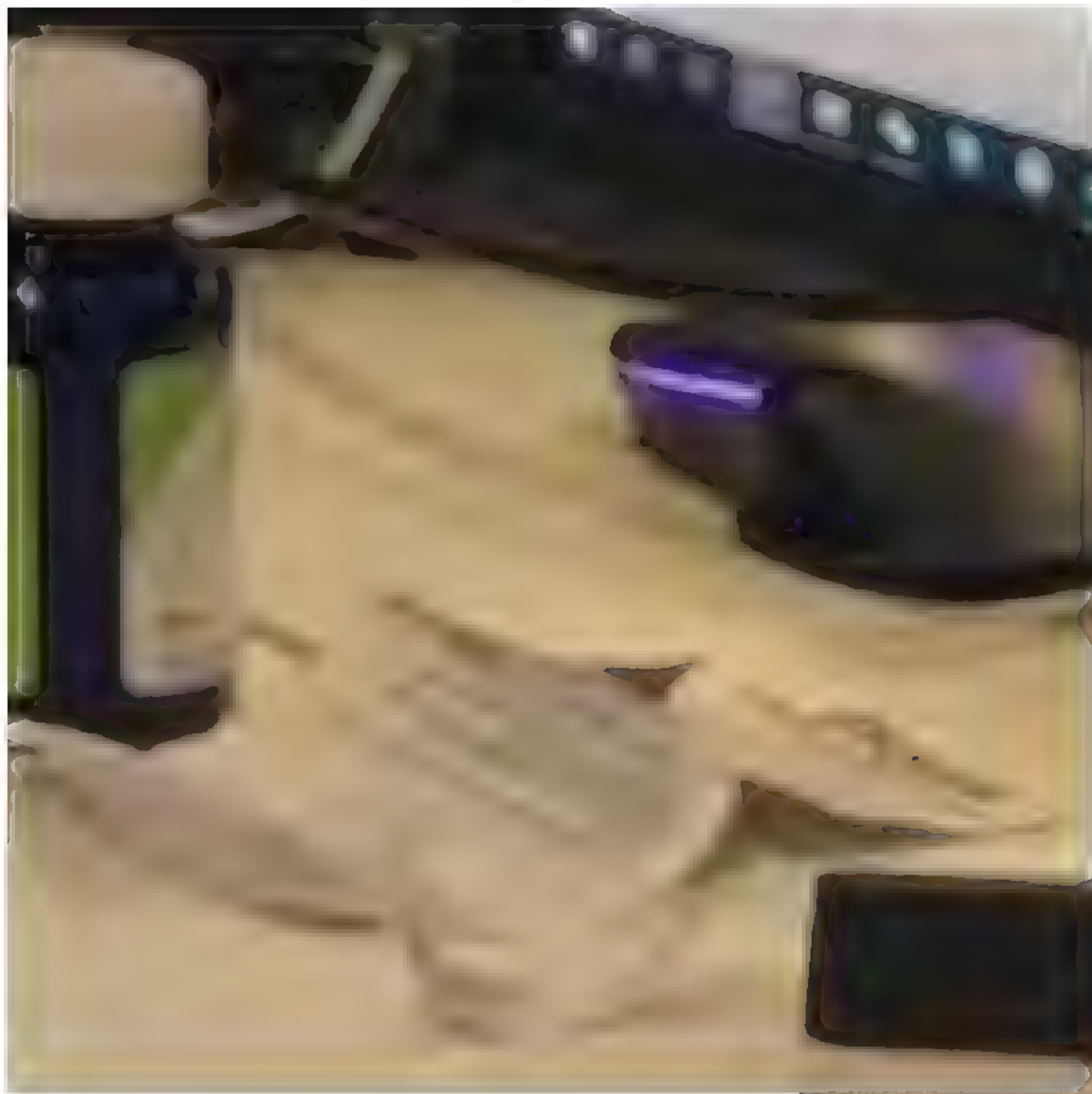
They made an informed choice and safety was closely monitored, so I would say... yes.

But could we have done better?

Also yes! 6/

8:08 · 01 Sep 22 · [Twitter for iPhone](#)







VACCINATE FOR A COVID FREE WORLD



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501(c)(3) EIN: 13-4571200
New York State Office of Mental Health
1000 Broadway, 10th Floor, New York, NY 10003
212.693.1234

Project Title

Countering Health Disinformation in
New York State

**Grant Amount**

\$215,214

Priority Area

Special Projects Fund

Date Awarded

June 24, 2019

Region

NYC



Yale



Data Science

Life sciences is becoming data science, uncovering new possibilities and revolutionizing decision making.



Bionic Pharma

Automation forces us to rethink the role of the employee, where bots extend the capabilities of the workforce.



Gene & Cell Therapy

Gene and cell therapies are turning supply chain in customer care and disrupting the commercial pharma playbook.

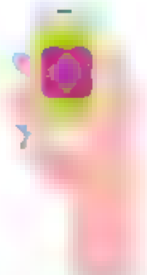


Convergence of healthcare

The landscape is changing as payers, pharmacies, providers, pharma, med-tech and tech companies work towards de-siloing healthcare.

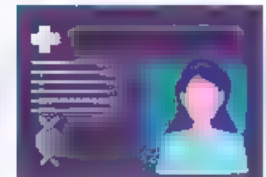
Digital Health

How can life sciences companies take ownership of the digital health race? How will pharma compete with med-tech and tech companies? How can med-tech engage the patient through technology?



Patient Centricity

The patient is more in charge of their journey than ever before – life sciences companies must create new ways to empower and engage patients directly.



Virtual Trials

How can clinical trials take on new models that include the optimal mix of onsite and virtual components?



Covid-19 Crisis

COVID-19 is transforming healthcare as we know it, accelerating the digital transformation of the pharma industry, and turning long-term planning upside down.



At the moment, my work is funded by two charities. One - Genesis - is interested in pregnancy in general. The other - Borne - specifically aims to prevent preterm birth. In the past, I've been funded by the Wellcome Trust (also a charity). I've never had any pharma funding.

- [Asymmetric Capital Partners](#), founded by Rob Biederman, Co-founder, Chairman and former co-CEO of Catalant, a Boston-based marketplace of consultants
- [Village Global](#), an early-stage fund backed by tech luminaries, including Jeff Bezos, Bill Gates and Reid Hoffman
- Anne Wojcicki, Co-founder and CEO of 23andMe
- [AirAngels](#), an angel group founded by Airbnb alumnus and product expert Lenny Rachitsky
- Conrad Irwin, Co-founder and CTO of Superhuman
- Rachel Hepworth, Marketing Chief at Notion
- and others.





Jikky the mouse 🐭 @TheJikky · 7h

The coronavirus vaccines [conditionally] approved by the major drug regulators of the world prevent:

Infection	0%
Severe disease	1%
Death	1%
None of the above ☑	98%

666 votes · 1 day 16 hours left



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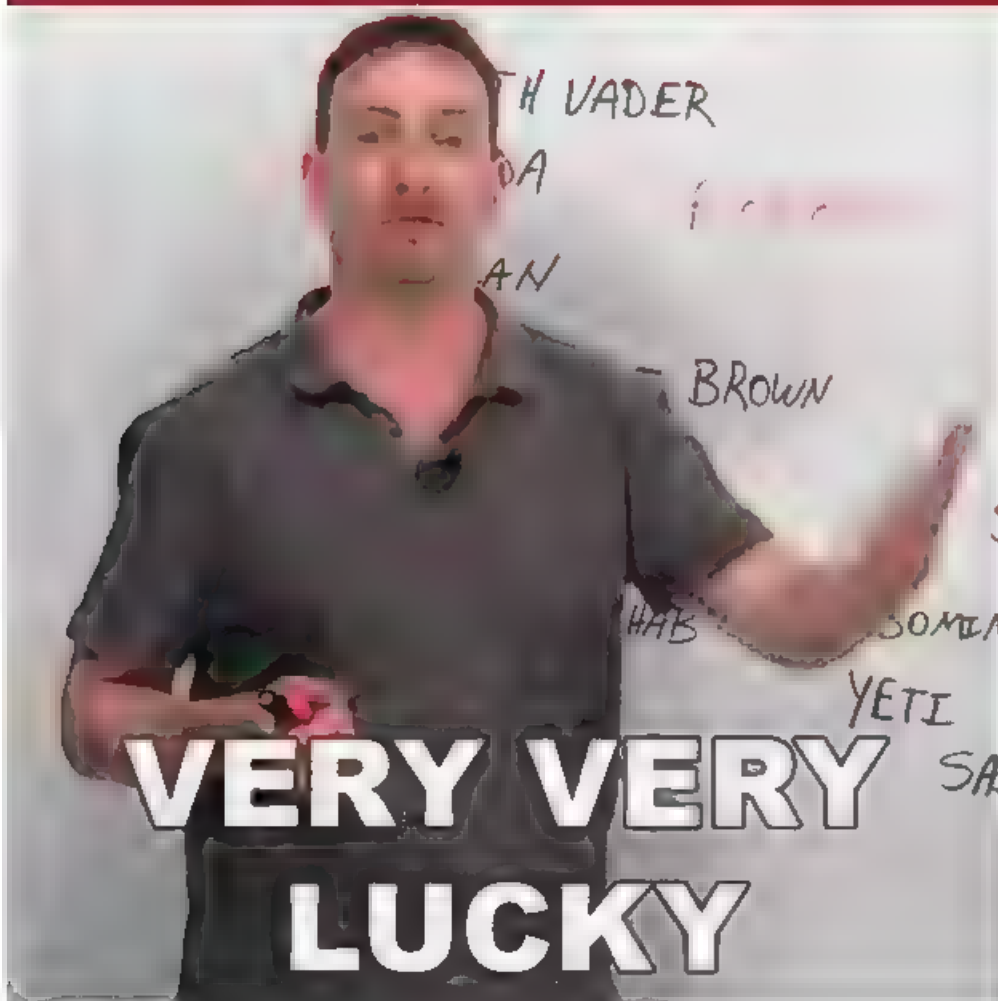
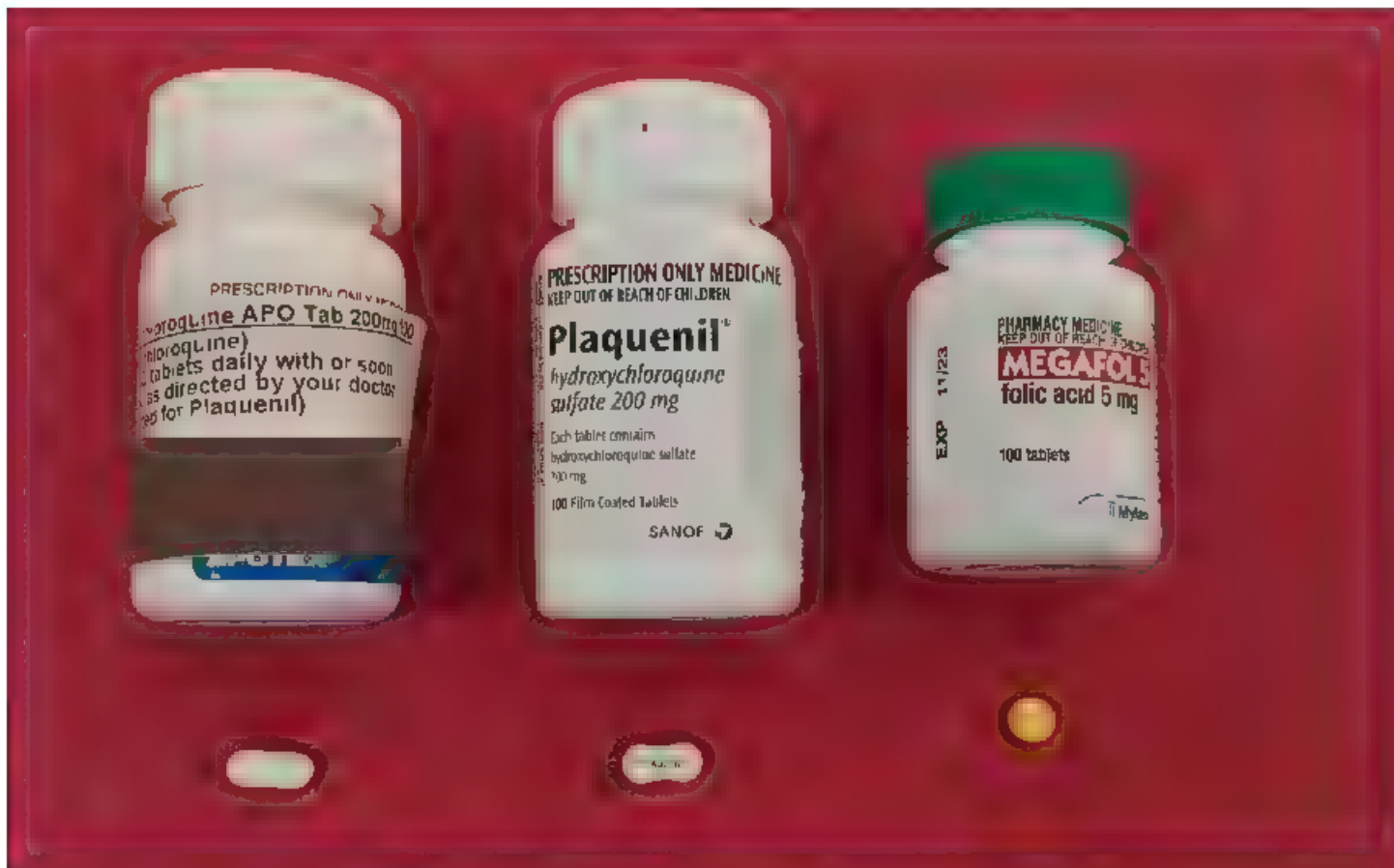


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CAUSE HEART ISSUES AND DEATH.

CAN YOU PROVIDE A
GOOD REASON?



@MADEBYJIMBOB



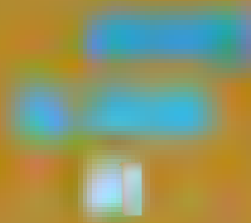


Just remember, it all started with a
mouse.

— *Walt Disney* —

AZ QUOTES

patients in Brazil. The authors conducted a large-scale trial known as TOGETHER that looked at both ivermectin and the antidepressant fluvoxamine as possible treatments, and they concluded that ivermectin is not useful against the disease. According to the article, "Treatment with ivermectin did not result in a lower incidence of medical admission to a hospital due to progression of Covid-19 or of prolonged emergency department observation among outpatients with an early diagnosis of Covid-19." Reporting on the article, the *New York Times* quoted one infectious disease expert who had read the study, Dr. David Boulware of the University of Minnesota, stating, "There's really no sign of any benefit," while another, Dr. Paul Sax of Brigham and Women's Hospital in Boston, said, "At some point it will become a waste of resources to continue studying an unpromising approach."



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7:46



causes.^{[13][14]}

^ Early life and education

Bankman-Fried was born in 1992 on the campus of [Stanford University](#) into a family of academics. Born and raised to an [upper-middle-class Jewish](#) family in California, he is the son of [Barbara Fried](#) and [Joseph Bankman](#), both professors at [Stanford Law School](#).

^[2] His aunt [Linda P. Fried](#) is the current dean of [Columbia University Mailman School of Public Health](#).^[15] His brother, [Gabe Bankman-Fried](#), is a former [Wall Street](#) trader^[16] and the director of the non-profit [Guarding Against Pandemics](#).^{[17][18][19]} He attended [Canada/USA Mathcamp](#), a summer program for mathematically talented high-school students.^[2] He attended high school at [Crystal Springs Uplands School](#) in [Hillsborough](#).^[20]

From 2010 to 2014, Bankman-Fried attended the [Massachusetts Institute of Technology](#).^[2] There, he lived in a coeducational group house called [Epsilon Theta](#).^[2] In 2014, he graduated with a degree in physics and a minor in mathematics.^{[2][21][22]}

∨ Career

Guarding Against Pandemics was created as an arm of the advocacy giving network of Sam Bankman-Fried, an American cryptocurrency billionaire who lives in Hong Kong. The organization was founded to support the \$30 billion in funding for public health projects to prevent future pandemics in the \$3.5 trillion budget reconciliation bill proposed by the Biden administration. The organization initially launched by announcing plans to spend at least \$128,000 in advertisements pushing the proposal in the Washington, D.C., region. Sam Bankman-Fried hired his brother, former democratic congressional staffer Gabe Bankman-Fried, to run the organization. [3]





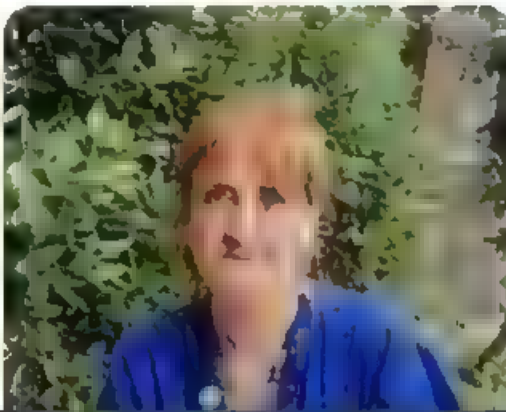
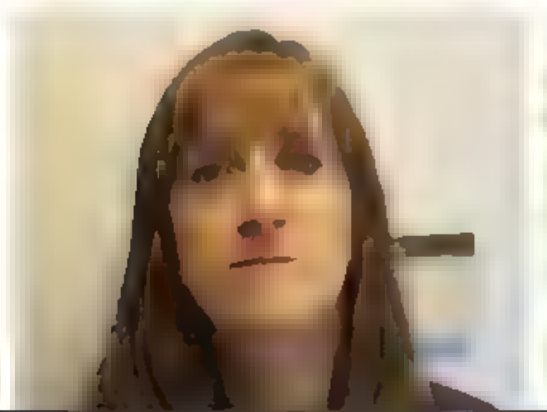
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Fighting back: the struggle with anti-vaxxers

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Note the dates of delivery of vaccines and then the outbreak :

FIJI

10/1/19: UNICEF delivered a total of 135,000 doses of measles vaccines with syringes and safety boxes to FIJI

11/7/19: Fiji then declared a measles outbreak on November 7, 2019

11/27/19: As of November 27th, there are now 14 confirmed cases of measles.

SAMOA

4/2019: MMR was officially relaunched by the Samoan government in April 2019, after being suspended in 2018 following the deaths of two babies within minutes of receiving MMR. Reportedly, it was a medical error that killed the children. Two nurses improperly prepared the vaccine by mixing it with an anesthetic solution. After the April relaunch, vaccine uptake was understandably low as parents were

largely unwilling to subject their children to the risk of the same medical errors harming or killing their children.

10/1/19: UNICEF delivered a total of 115,500 doses of measles vaccines to SAMOA on October 1st, including syringes and safety boxes, as well as supplies of Vitamin A.

11/28/19: As of November 28, 2019 SAMOA has now confirmed 42 measles-related fatalities. Since the launch of the measles re-vaccination campaign in mid-November, the Samoan Ministry of Health has vaccinated more than 50,000 individuals in both Upolu and Savai'. New Zealand responded to earlier requests from Samoa for medical supplies, and for pharmaceutical refrigerators which are essential to preserving the efficacy of vaccines.

Samoa's Director General Of Health Leausa, Dr Take Naseri, said "We have to

stop [administering improperly stored measles vaccines] for safety reasons and the fact that we have to do away with about 6000 doses because they were not stored in that specialised fridge where it has to maintain the temperature. So we have to maintain that standard."

TONGA

Early October: UNICEF delivered a total of 12,000 measles vaccines including syringes and safety boxes to TONGA. Plus additional 6 specially designed refrigerators and 3 emergency trolleys to the Tongan Ministry of Health, to ensure the vaccines remain stable because thousands of the vaccines these children were receiving were not stored properly.

10/24/19 - Tonga. A measles outbreak was then declared in the Kingdom of Tonga on October 24, 2019. The outbreak of measles in Tonga began early October 2019. Tongan health authorities are to re-vaccinate up to 20,000 people against the

measles after it was discovered some historical vaccinations might not be effective. "Even though some children have two doses, they still contracted the measles."

12/2/19: As of this week, there were 394 cases of the disease with two people remaining hospitalized and 2 infant deaths.

"Rapid Identification of Measles Virus Vaccine Genotype by Real-Time PCR" Journal of Clinical Microbiology 55 (3) 735-43

First published electronically in 2016 in the Journal of Clinical Microbiology, this paper was authored jointly by staff from the Canadian Public Health Agency and the US CDC reported that 38% (73 of 194) of the 194 cases of measles in the US in 2015 were caused by the vaccine strain of measles. (2015 outbreak of measles at Disneyland)

To: [REDACTED] @minvws.nl; [REDACTED]
[REDACTED] @minvws.nl
[REDACTED] @mp.vws.nl
[REDACTED] @minvws.nl

[REDACTED]

From: [REDACTED]
Sent: Tue 4/21/2020 7:33:11 AM
Subject: NVIC adviseert wijziging sedatie IC COV D-19 patiënten kan invloed hebben op LCG beeld
Received: Tue 4/21/2020 7:33:12 AM

Надо ајде,

Volgens de NVIC zouden patiënten momenteel overgesedeerd worden door gebruik van te veel of te zware (ouderwetse) slaapmiddelen (midazolam en morfine), die ook nog eens anger in het systeem blijven door overgewicht en verminderde nierfunctie. Met een andere benadering, waarbij de patiënt iedere dag wordt wakker gemaakt en kortdurende sedatie toegediend krijgt, zou de IC I-gduur per patiënt van gemiddeld 21 naar 18-19 dagen gebracht kunnen worden. Dit betekent ook dat er dan overgestapt wordt naar korter werkende middelen, waarvan het NVIC zegt dat er nu een tekort aan is. Zie <https://ros.nl/artikel/23311314-gduur-coronapatient-kan-korter-door-chirurgis-aanpak-midde-en-him>

Misschien is het voor het LCG om rekening mee te houden met verdere berekeningen van "het beeld" (scenario-analyse) wat er gebeurt als het behandelpakket inderdaad (ge-eigelijk) aangepast zou worden? Dit zou betekenen:

- Kortere ligduur per C bed, dus mogelijk minder medicatie per IC behandeling
- Snel(er) wijkomen van IC bedden
- Verschuiving in gebruik type slaapp.m.delen

Moeten we wel een idee hebben of het NV C advies opvolging gaat krijgen en zo ja, hoe snel en op welke schaal?

Groeten, (10)(20)

Haruy de streekgastgeve van de bier "de deense voorvrs" is 15.20 uur de deense. De streek moete maandag om 15 uur bij DGL afgetrengd zanglevend worden.

medicatie. Het LCG heeft een aantal ziekenhuizen geholpen bij het vergroten van hun voorraden.

Daarnaast heeft de IGJ afgelopen week, na een nauwkeurige evaluatie samen met het CBG tijdelijk toestemming gegeven voor het gebruik van een veterinair sedatiemiddel voor patiënten op de IC. Het middel heeft dezelfde werkzame stof als het middel dat voor mensen wordt gebruikt (propofol). De veiligheid en kwaliteit zijn gegarandeerd. Hiermee is het, indien nodig, een aanvulling op de huidige voorraden. Deze toestemming geldt niet voor andere propofol-bevattende veterinair geneesmiddelen, hiermee blijven er voldoende geneesmiddelen over voor veterinair gebruik.

De geneesmiddelen die worden gebruikt voor de patiënten met COVID-19 op de IC worden ook gebruikt voor andere patiënten. Het betreft bijvoorbeeld anesthesie in de ziekenhuizen voor niet-COVID-19 patiënten, maar ook bijvoorbeeld palliatief gebruik in de thuisituatie. Het is van belang dat er ook voor deze patiënten voldoende geneesmiddelen beschikbaar blijven. Ik heb hier aandacht voor en betrek hierbij de LCG, de landelijke Huisartsen Vereniging (LHV) en de KNMP.

Overige geneesmiddelen en maatregelen

Zoals ik in mijn brief van 31 maart jl. beschreven heb, heb ik ook oog voor de bredere geneesmiddelenvoorziening. Het Meldpunt geneesmiddelentekorten en -defecten (Meldpunt) bij het CBG en de IGJ houdt naast de medicatie voor patiënten met COVID-19 ook de beschikbaarheid van de overige geneesmiddelen goed in de gaten. Het CBG zal deze week de jaarrapportage van het Meldpunt over 2019 publiceren op zijn website.

Er is specifiek aandacht voor de internationale marktonwikkelingen, zoals de situatie in India en China en het effect van deze ontwikkelingen op onze geneesmiddelenvoorziening. De situatie in India is zorgelijk, er is sprake van verschillende (tijdelijke) exportverboden en transportproblemen. De focus ligt nu op de continuïteit van de aanvoer. Hierover is doorlopend overleg met betrokken leveranciers en er vindt overleg plaats op diplomatiek niveau. Hierbij werkt de minister voor MZS ook nauw samen met de Europese partners, waaronder de Europese Commissie. Ik blijf u op de hoogte houden van de actuele ontwikkelingen.

In mijn brief van 31 maart jl. heb ik u geïnformeerd over de maatregelen die (preventief) genomen kunnen worden om tekorten te voorkomen. De minister voor MZS voert hierover onder andere wekelijks gesprekken met de leden van het Coronaberaad Beschikbaarheid Geneesmiddelen. We vinden het belangrijk om met partijen steeds te blijven afwegen welke maatregelen op welk moment passend en effectief zijn. Ik blijf u informeren over de maatregelen die de minister voor Medische Zorg en Sport in dit kader inventariseert en neemt om tekorten te voorkomen.

In het kader van het borgen van de brede geneesmiddelenvoorziening heeft de IGJ, zoals toegezegd in de brief van 31 maart jl., op 3 april gepubliceerd dat apothekers onder voorwaarden tijdelijk hun voorraden aan geneesmiddelen onderling mogen uitwisselen om zo eventuele tekorten op te lossen. Het onderling uitwisselen van geneesmiddelen is in Nederland verboden. De IGJ zal hier in ieder geval tot 1 juli 2020 niet op handhaven. Dit is niet beperkt tot een specifiek geneesmiddel of geneesmiddelengroep waardoor het breed inzetbaar is. De IGJ heeft in dit kader ook onderzocht wat de voorraden zijn die op dit moment bij particulieren liggen en of deze voorraden hierbij betrokken kunnen worden. Zij concluderen dat het om te kleine voorraden gaat die te verspreid door het land liggen. De IGJ zal hier daarom geen vervolg aan geven.

TikTok











Ofir Gafkovich

2h · 🌐



עדכון מצב:

מספר הנערים

שנפטר

מדום לב

ב 72 השעות האחרונות

עלה ל 5

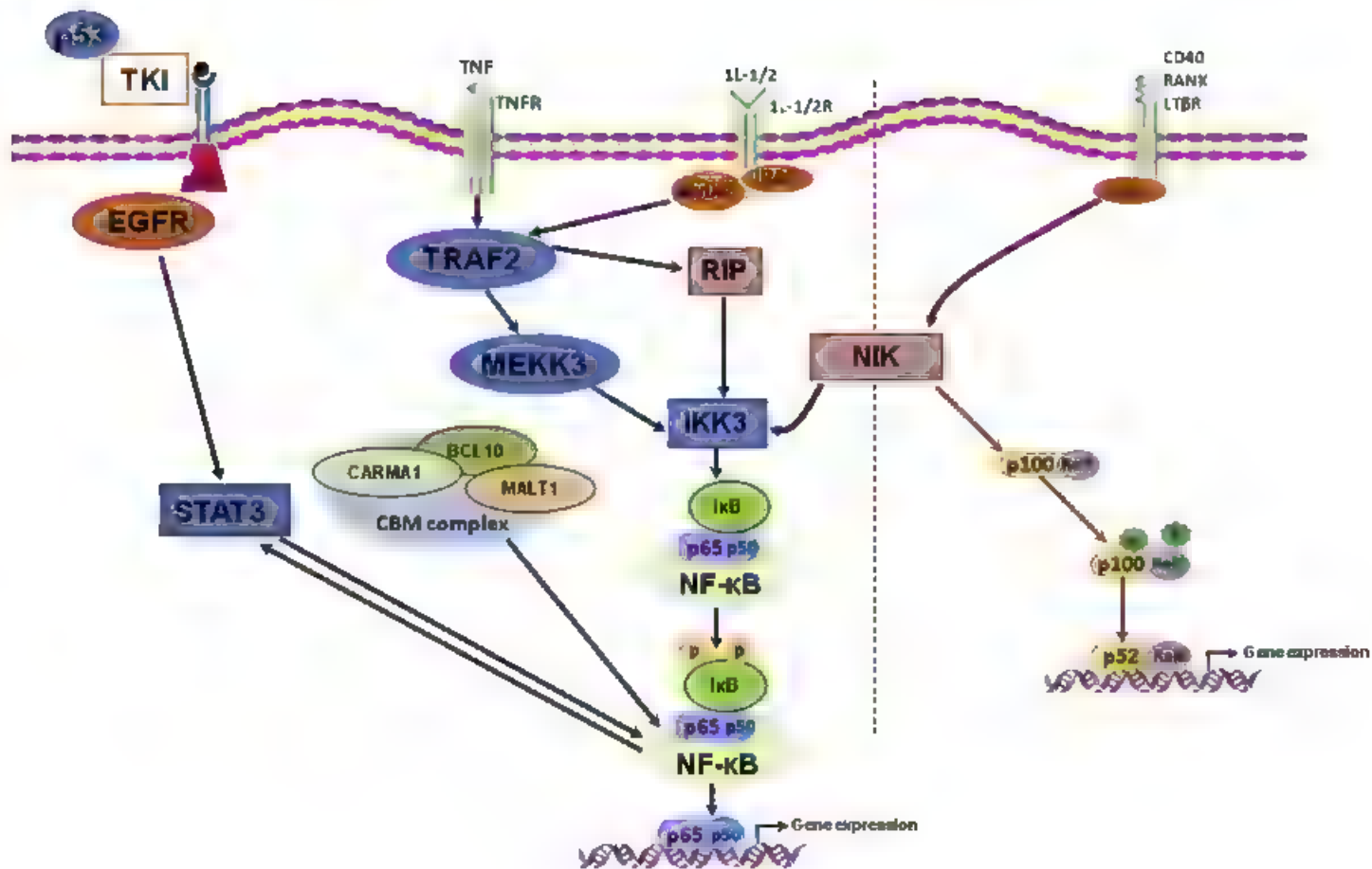
Experimental Design

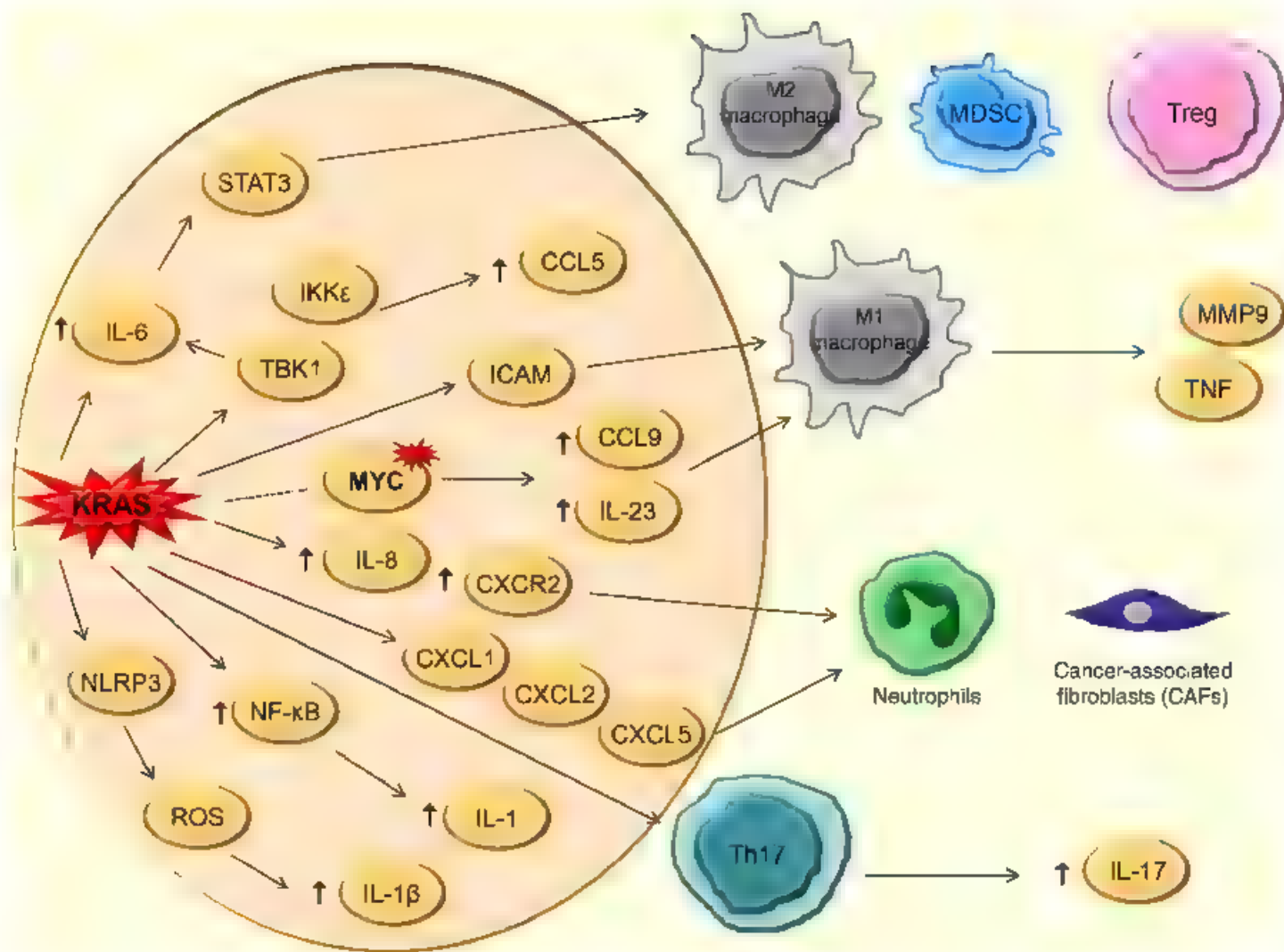
The SARS Uganda PDF-2386 S glycoprotein gene will be purchased from commercial vendors with two small adaptive cassettes which allow for rapid insertion of the SCH014 or mouse adapted residues into the PDF-2386 S gene

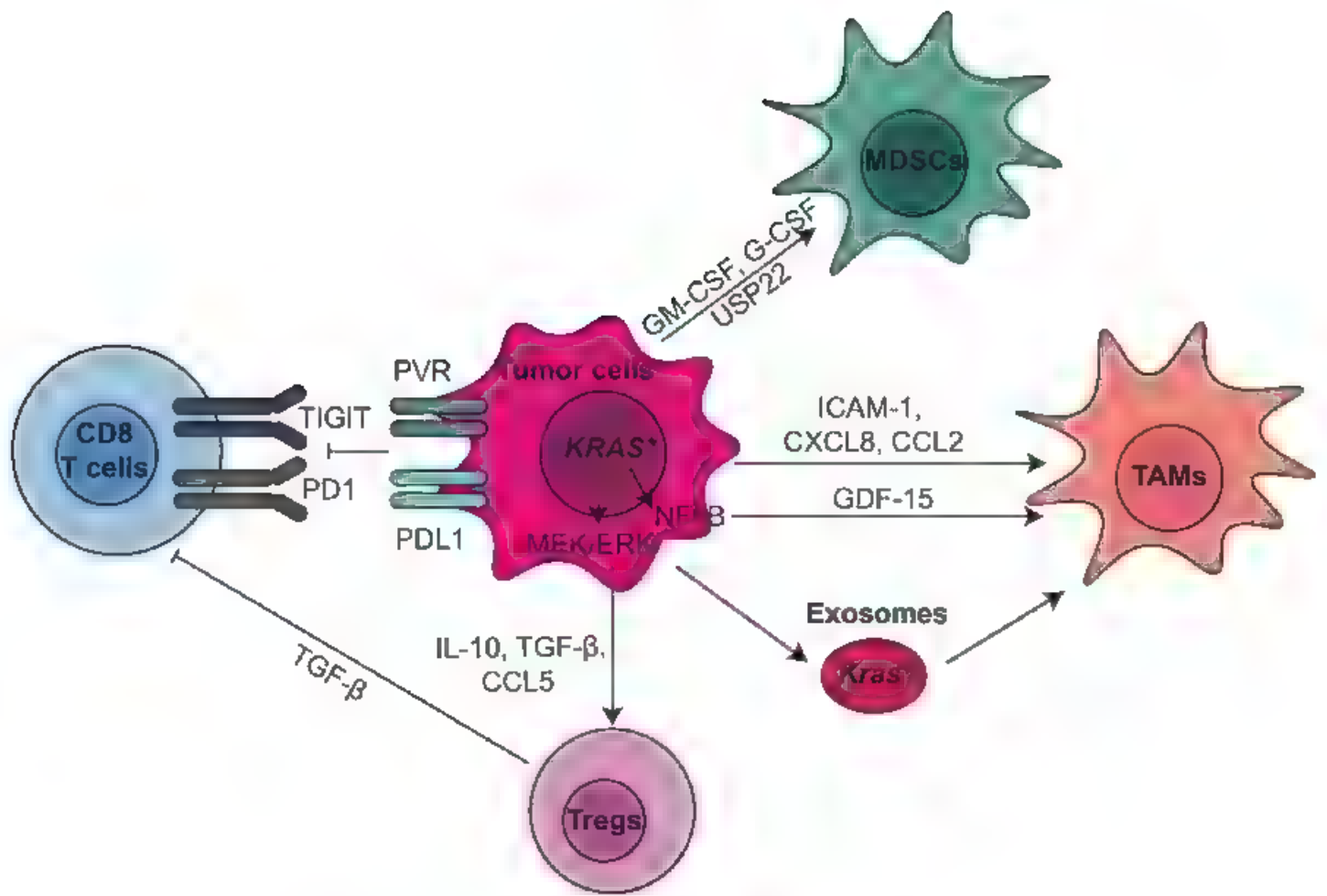


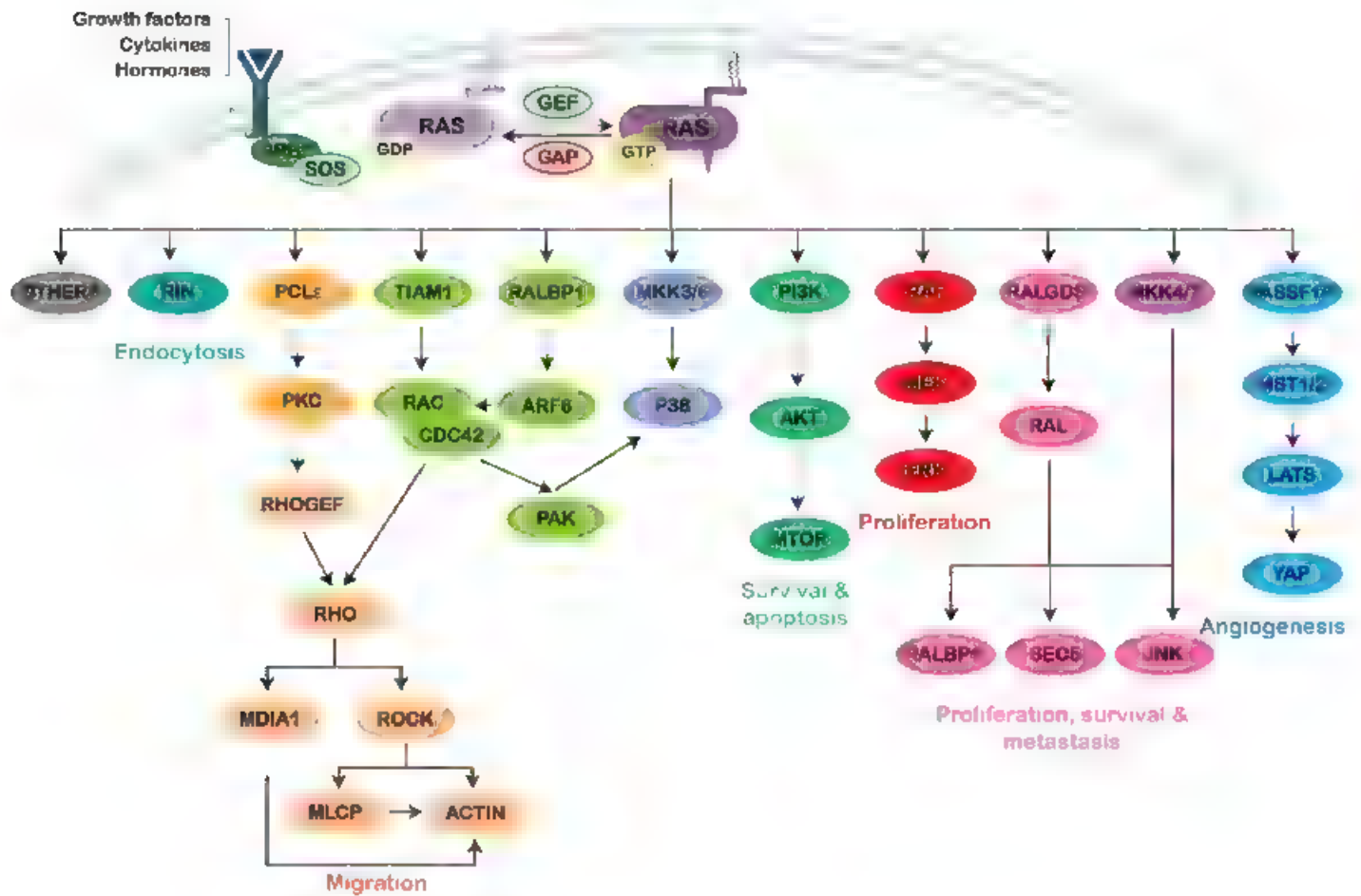


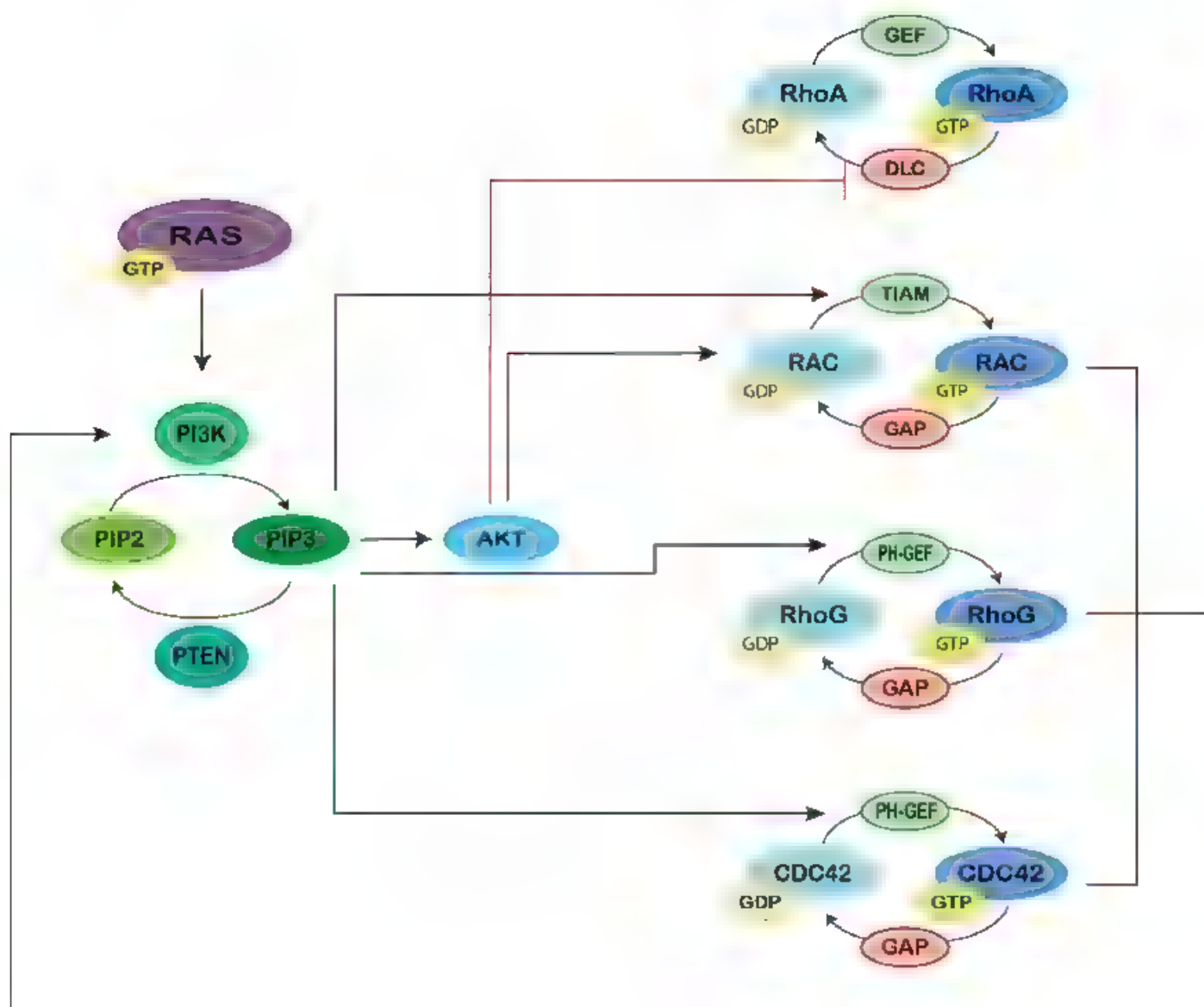
Rozalia Spadafora
Age 5, Myocarditis, Cardiac
Arrest, Died July 5th 2022.
Canberra, Australia
#Myocarditis













UNCLASSIFIED

DEFENSE ADVANCED RESEARCH PROJECTS AGENCY
675 NORTH RANDOLPH STREET
ARLINGTON, VA 22203-2114

13 Aug 21

From: COMMANDANT OF THE MARINE CORPS FELLOW, DARPA
To: INSPECTOR GENERAL

Subj: SARS-CoV 2 ORIGINS INVESTIGATION WITH US GOVERNMENT PROGRAM
UNDISCLOSED DOCUMENT ANALYSIS

Ref: (1) Executive Slide HR0011850017 EcoHealth Alliance DEFUSE
(2) HR0011850017-PREEMPT-FP-019-PM Summary (Selectable - Not Recommended)
(3) PREEMPT Volume 1 no ESS HR0011850017 EcoHealth Alliance DEFUSE
(4) PREEMPT Volume 2 EHA Final HR0011850017 EcoHealth Alliance DEFUSE
(5) SF424 2 0-V2 0 HR0011850017 EcoHealth Alliance DEFUSE
(6) WIV Budget packet HR0011850017 EcoHealth Alliance DEFUSE
(7) WS00094394-RR KeyPersonExpanded 2 0-V2.0 HR0011850017 EcoHealth Alliance DEFUSE
(8) WS00094394-RR PersonalData 1 2-V1.2 HR0011850017 EcoHealth Alliance DEFUSE

1 SARS-CoV 2 is an American-created recombinant bat vaccine, or its precursor virus. It was created by an EcoHealth Alliance program at the Wuhan Institute of Virology (WIV), as suggested by the reporting surrounding the lab leak hypothesis. The details of this program have been concealed since the pandemic began. These details can be found in the EcoHealth Alliance proposal response to the DARPA PREEMPT program Broad Agency Announcement (BAA) HR0011850017, dated March 2018 - a document not yet publicly disclosed.

The contents of the proposed program are extremely detailed. Peter Daszak lays out step-by-step what the organization intends to do by phase and by location. The primary scientists involved, their roles, and their institutions are indicated. The funding plan for the WIV work is its own document. The reasons why nonpharmaceutical interventions like masks and medical countermeasures like the mRNA vaccines do not work well can be extrapolated from the details. The reasons why the early treatment protocols work as curatives are apparent.

SARS-CoV-2's form as it emerged is likely as a precursor, deliberately virulent, humanized recombinant SARS-CoV that was to be reverse engineered into a live attenuated SARS-CoV bat vaccine. Its future can be determined from analysis of its genome with the context provided by the EcoHealth Alliance proposal. Joining this analysis with US intelligence collections on Wuhan will aid this determination.

UNCLASSIFIED



Science Health

COVID-19 cure: Scientists plan to develop 'self-spreading' coronavirus vaccine

A⁻ A⁺

EXPRESS

7°C



NEWS SHOWBIZ FOOTBALL LIFE & STYLE

News World

Coronavirus cure: Scientists plan bizarre 'self-spreading vaccine' to fight pandemic

SCIENTISTS believe bizarre self-spreading vaccines would be a vital tool in fighting coronavirus.

By BRIAN MCGLEENON

0

GIVING



Scientists are working on vaccines that spread like a disease. What could possibly go wrong?

By Filippa Lentzos, Guy Reeves | September 18 2020

POPULAR SCIENCE

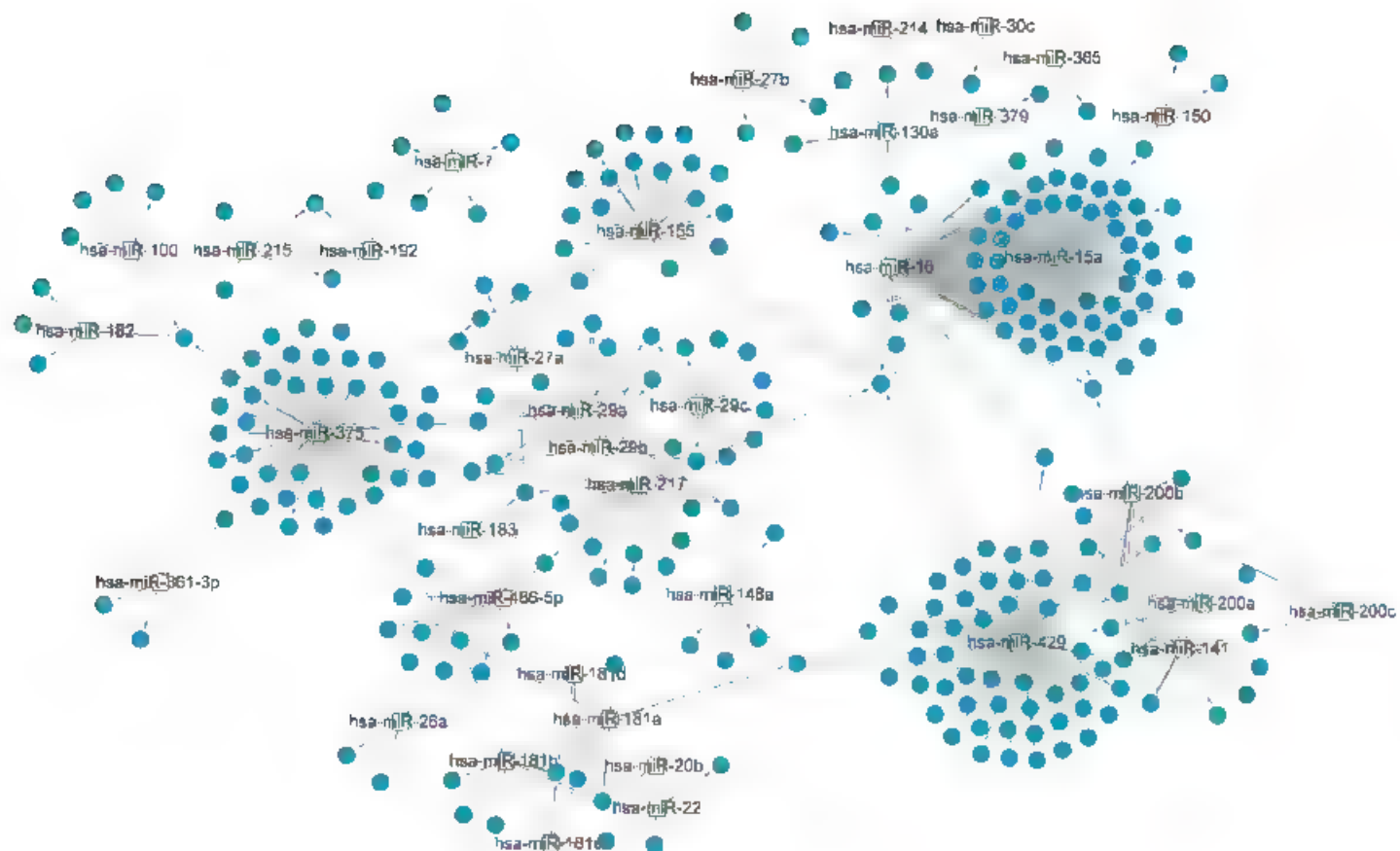


Vaccines of the future could be as contagious as viruses

It's time to go viral.

By KATE BAGGLEY JUNE 05 2017

SCIENCE









Chief Health Officer, Vi... 

@VictorianCHO

Replying to @Bivek__ and @VicGovDH

Dear Bivek. Really sorry to hear this. There are no pandemic orders that require you to shave or cut your beard to wear a mask. You must meet OH&S requirements but religious exemptions also apply. Please see website in my CHO account and email as needed.

2018

**JULY: TWO BABIES DIE IMMEDIATELY
FOLLOWING MMR VACCINATION**

2019

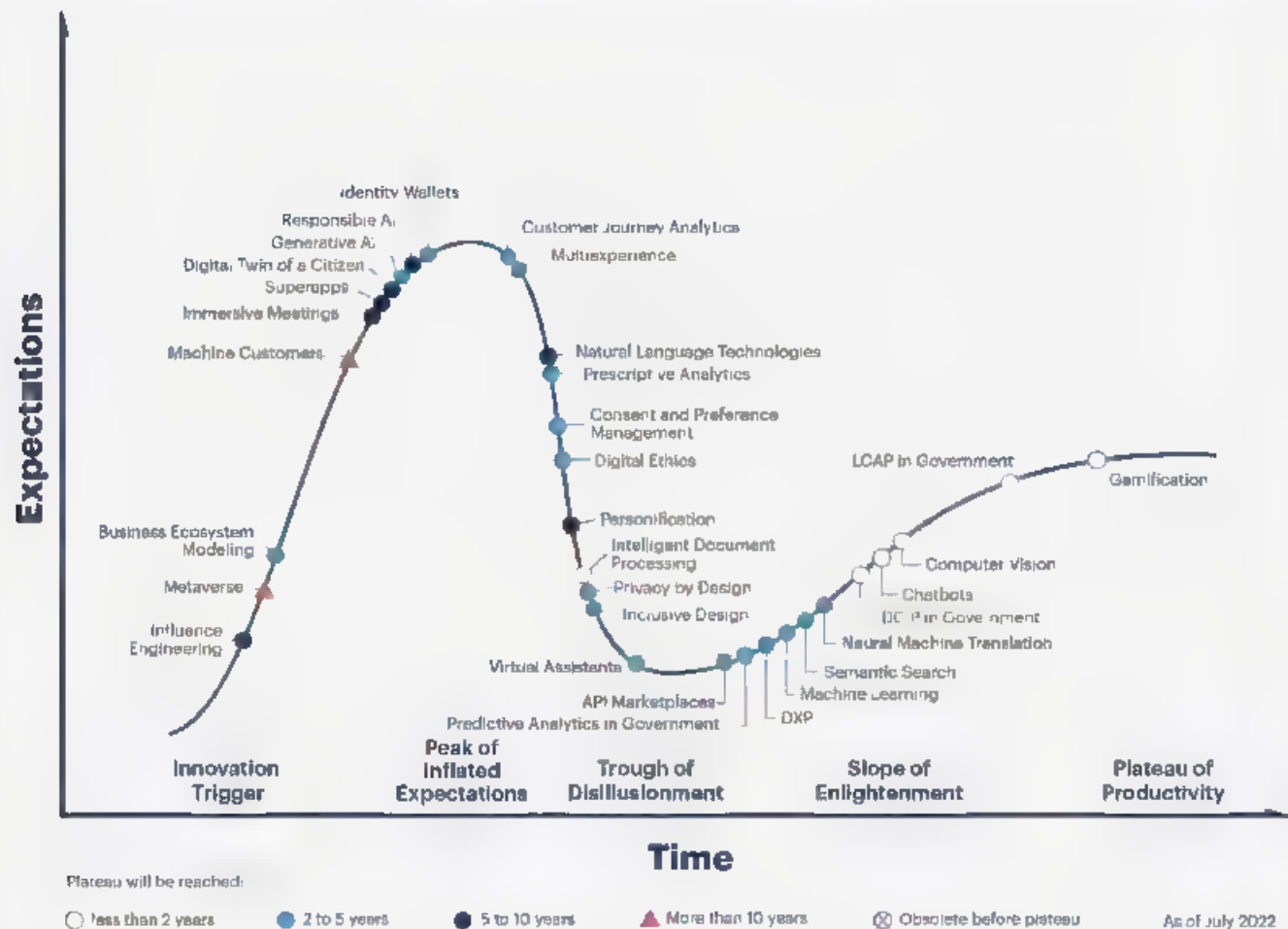
**APRIL: MEASLES VACCINATION
RESUMES IN SAMOA**

**OCTOBER 4: UNICEF DELIVERED 115,000 DOSES
OF MEASLES VACCINES TO SAMOA**

**OCTOBER 17: WORLD BANK GIVES \$34 MILLION
GRANT FOR MEASLES OUTBREAK**

**NOVEMBER 15: SAMOA DECLARES STATE OF
EMERGENCY OVER MEASLES OUTBREAK**

Hype Cycle for Digital Government Services, 2022



gartner.com

Source: Gartner
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Gartner.



▶ **CAPITOL HILL**
LIVE 1:039 AM ET

FOX NEWS

▶ **REP JAMES COMER (R-KY) | OVERSIGHT COMMITTEE RANKING MEMBER**

REP COMER: HUNTER LINKED TO INTL HUMAN TRAFFICKING

★ HOUSE ★	
MAJORITY: 218	
DEMOCRATS	REPUBLICANS
211	218

Pandemic of the Vaccinated?

In NSW Australia, 94% of recent COVID Deaths were Vaccinated, and a whopping 55% were Boosted with 4-5 doses

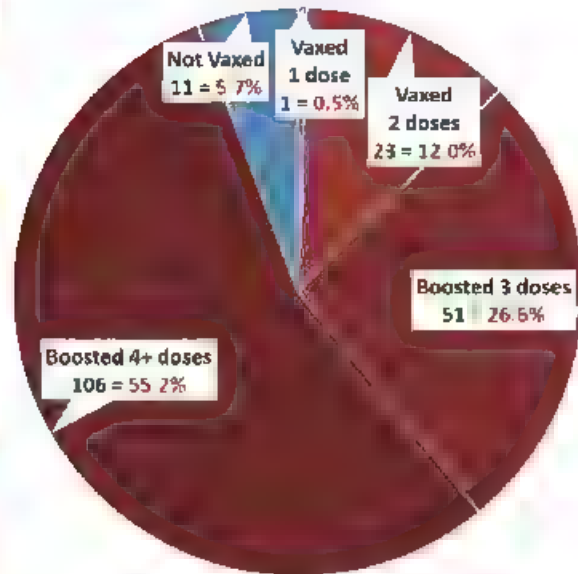
Death Rates by Unique Groups (person can only belong to 1 group)

Pop. Size	Vax Status	Death Rate
2.0%	Vaxed with 1 dose only	≈ 0.5%
30.2%	Vaxed with 2 doses only	▼ 12.0%
34.5%	Boosted with 3 doses only	▼ 26.6%
19.4%	Boosted with 4-5 doses	▲ 55.2%
13.9%	Not Vaxed	▼ 5.7%
100.0%	Total	100.0%

Death Rates by Cumulative Groups (person can belong to 1 or more groups)

Pop. Size	Vax Status	Death Rate
86.1%	Vaxed 1 or more doses	▲ 94.3%
84.1%	Vaxed 2 or more doses	▲ 93.8%
53.9%	Boosted 3 or more doses	▲ 81.8%
19.4%	Boosted 4-5 doses	▲ 55.2%
13.9%	Not Vaxed	▼ 5.7%

NSW COVID-19 Deaths last 6 weeks



Total Vaxed 94.3%, Total Boosted 81.8%

Based on NSW Health data for state of NSW (pop. 8.2M)

➤ **94%** of COVID deaths were **Vaccinated** with 1+ doses

➤ **82%** of COVID deaths were **Boosted** with 3+ doses

4-5 dose Boosted = 19% of pop. but ➤ a **whopping 55%** of deaths

NSW COVID-19 Deaths (last 6 weeks to 5 Nov 2022)

Week Ending	Vaccinated					Not Vaxed	Total
	1 Dose	2 Doses	3 Doses	4+ Doses	Total Vaxed		
01-Oct-22		6	23	39	68	4	72
08-Oct-22	1	4	7	20	32	2	34
15-Oct-22		4	5	16	25	2	27
22-Oct-22		2	6	12	20	2	22
29-Oct-22		4	3	8	15		15
05-Nov-22		3	7	11	21	1	22
Total:	1	23	51	106	181	11	192
%	0.5%	12.0%	26.6%	55.2%	94.3%	5.7%	100%

Note: Excludes deaths with "unknown" vax status

Vaccination levels by dose and jurisdiction

Showing the percentage of the total estimated resident population (aged 0+) for each jurisdiction. Last updated 9 October 2022

Jurisdiction	One dose	Two doses	Three doses	Four doses
AUS	86.29	84.02	55.27	19.02
NSW	86.1	84.11	53.87	18.41
VIC	87.55	85.42	57.58	18.5
QLD	80.96	78.73	47.01	17.88
WA	84.86	82.44	62.48	18.03
SA	84.76	81.65	46.4	17.42
TAS	88.48	84.1	58.92	23.79
ACT	93.08	87.08	61.79	22.77
NT	77.89	74.42	53.38	0

Verify the data at the official NSW Govt website: (download 6 weekly reports from 1 Oct to 5 Nov, see page 4)

<https://www.health.nsw.gov.au/Infectious/covid-19/Pages/weekly-reports.aspx>

<https://tinyurl.com/mpzwdz4m> (Vax Rates via The Guardian, as at 9 Oct 2022)

Version 3 as at 5 Nov 2022

If the vaccines work, why aren't they working?



GETTING FASTER: Launching the West Witton Community Broadband service are David Burns from I Love Broadband, Rishi Sunak MP, Dr Graham Bottley of West Witton parish council, Harry Panther of Airwave and Fernando Paquete from BDUK

What measures are being taken to ensure the safe and effective use of Spikevax bivalent Original/Omicron?

As for all newly-authorised medicines, a Risk Management Plan (RMP) has been devised for Spikevax bivalent Original/Omicron. The RMP details the important risks of Spikevax bivalent Original/Omicron, how these risks can be minimised, any uncertainties about Spikevax bivalent Original/Omicron (missing information), and how more information will be obtained about the important risks and uncertainties.

The following safety concerns have been recognised for Spikevax bivalent Original/Omicron

Summary of Safety Concerns	
Important identified risks	Myocarditis Pericarditis
Important potential risks	Vaccine-associated enhanced disease (VAED) including vaccine-associated enhanced respiratory disease (VAERD)
Missing information	Use in pregnancy and while breast-feeding Long-term safety Use in immunocompromised subjects Interaction with other vaccines Use in frail subjects with unstable health conditions and co-morbidities (e.g. chronic obstructive pulmonary disease (COPD), diabetes, chronic neurological disease, cardiovascular disorders) Use in subjects with autoimmune or inflammatory disorders

The information included in the SmPC and the PIL is compiled based on the available quality non-clinical and clinical data, and includes appropriate precautions to be followed by healthcare professionals and patients. Side effects of Spikevax bivalent Original/Omicron are continuously monitored and reviewed including all reports of suspected side-effects from patients, their carers, and healthcare professionals.

In addition to the safety information provided in the Spikevax bivalent Original/Omicron product information, the Marketing Authorisation Holder (MAH) has committed to additional pharmacovigilance activities through the provision of effectiveness and safety data derived from pharmacovigilance and post authorisation studies to further evaluate the long term effectiveness and safety of Spikevax bivalent Original/Omicron.

An RMP and a summary of the pharmacovigilance system have been provided with this application and are satisfactory.

Full Dossier, Regulation 50

4

PAR Spikevax bivalent Original/Omicron
0.1 mg/mL dispersion for injection

PLA/B 53720/0064

Other information about Spikevax bivalent Original/Omicron

A Conditional Marketing Authorisation for Spikevax bivalent Original/Omicron was granted in Great Britain (GB, consisting of England, Scotland and Wales) on 12 August 2022.

The full PAR for Spikevax bivalent Original/Omicron follows this summary.

This summary was last updated in October 2022.



MicroRNA-mediated regulation of p21 and TASK1 cellular restriction factors enhances HIV-1 infection

Luba Farberov, Eytan Herzig, Shira Modal, Ofer Isakov, Amnon Hizi and Noam Shomron*

ABSTRACT

MicroRNAs (miRNAs) are short non-coding RNAs that play a central role in the regulation of gene expression by binding to target mRNAs. Several studies have revealed alterations in cellular miRNA profiles following HIV-1 infection, mostly for miRNAs involved in inhibiting viral infection. These miRNA expression modifications might also serve to block the innate HIV-1 inhibition mechanism. As a result, it is expected that during HIV-1 infection miRNAs target genes that hinder or prevent the progression of the HIV-1 replication cycle. One of the major sets of genes known to inhibit the progression of HIV-1 infection are cellular restriction factors. In this study we identified a direct miRNA target gene that modulates viral spread in T-lymphocytes and HeLa-CCR5 cell lines. Following infection, let-7c, miR-34a or miR-124a were upregulated, and they targeted and downregulated p21 and TASK1 (also known as CDKN1A and KCNK3 respectively) cellular proteins. This eventually led to increased virion release and higher copy number of viral genome transcripts in infected cells. Conversely, by downregulating these mRNAs, we could suppress viral replication and spread. Our data suggest that HIV-1 exploits the host miRNA cellular systems in order to block the innate inhibition mechanism, allowing a more efficient infection process.

of controlling viral replication and disease progression (Swaminathan, S. et al., 2012), ongoing attempts to develop a useful HIV-1 vaccine are unlikely to be successful in the near future, given that HIV-1 has proven to be capable of rapidly developing resistance to therapy, evading the immune response, altering cellular immune function and inhibiting apoptosis in infected cells (Weiss, 1993; Klase et al., 2009; Strebel, 2013). A better understanding of innate inhibition mechanisms of host and HIV can potentially promote HIV-1 therapeutics (Santa-Marta et al., 2013). Cellular restriction factors are host proteins that hinder or prevent the progression of different steps in the HIV-1 replication cycle (Sheehy et al., 2002; Harris et al., 2012; Strebel, 2013; Rehwinkel, 2014). This innate inhibition mechanism includes several proteins, such as APOBEC3G, tetherin (also known as BST2), cyclophilin A (also known as PPIA), Trim5α, TRIM28, p21 (also known as CDKN1A), SAMHD1, PAF1, UBP (also known as SGTA) and TASK-1 (also known as KCNK3). In this communication, we focused on p21 and TASK, because our screens revealed them as potential targets for miRNAs following HIV-1 infection. The p21 protein is a cyclin-dependent kinase inhibitor that negatively regulates the G1-S transition. This factor can independently block HIV-1

(B)

FC	miRNA	FC	miRNA	FC	miRNA
0.324	hsa-miR-3177	0.467	hsa-miR-33a*	0.494	hsa-miR-3928
0.285	hsa-miR-191*	0.445	hsa-miR-16-1*	0.482	hsa-miR-17*
0.228	hsa-miR-423-5p	0.445	hsa-miR-301a	0.482	hsa-miR-342-3p
0.223	hsa-miR-590-5p	0.401	hsa-miR-181a*	0.481	hsa-let-7c
0.216	hsa-miR-27a*	0.396	hsa-miR-424*	0.480	hsa-miR-130b
0.192	hsa-miR-1260	0.388	hsa-miR-29c	0.479	hsa-miR-365
0.170	hsa-miR-3613-3p	0.375	hsa-miR-219-1-3p	0.473	hsa-let-7d
0.069	hsa-miR-92a-1*	0.344	hsa-miR-191	0.471	hsa-miR-106b
0.061	hsa-miR-106a				

25 miRNAs which were down-regulated by more than 2 FC in the Sup-T1 cell-line.

Note the dates of delivery of vaccines and then the outbreak :

FIJI

10/1/19: UNICEF delivered a total of 135,000 doses of measles vaccines with syringes and safety boxes to FIJI

11/7/19: Fiji then declared a measles outbreak on November 7, 2019

11/27/19: As of November 27th, there are now 14 confirmed cases of measles.

SAMOA

4/2019: MMR was officially relaunched by the Samoan government in April 2019, after being suspended in 2018 following the deaths of two babies within minutes of receiving MMR. Reportedly, it was a medical error that killed the children. Two nurses improperly prepared the vaccine by mixing it with an anesthetic solution. After the April relaunch, vaccine uptake was understandably low as parents were

largely unwilling to subject their children to the risk of the same medical errors harming or killing their children.

10/1/19: UNICEF delivered a total of 115,500 doses of measles vaccines to SAMOA on October 1st, including syringes and safety boxes, as well as supplies of Vitamin A.

11/28/19: As of November 28, 2019 SAMOA has now confirmed 42 measles-related fatalities. Since the launch of the measles re-vaccination campaign in mid-November, the Samoan Ministry of Health has vaccinated more than 50,000 individuals in both Upolu and Savai'. New Zealand responded to earlier requests from Samoa for medical supplies, and for pharmaceutical refrigerators which are essential to preserving the efficacy of vaccines.

Samoa's Director General Of Health Leausa, Dr Take Naseri, said "We have to

stop [administering improperly stored measles vaccines] for safety reasons and the fact that we have to do away with about 6000 doses because they were not stored in that specialised fridge where it has to maintain the temperature. So we have to maintain that standard."

TONGA

Early October: UNICEF delivered a total of 12,000 measles vaccines including syringes and safety boxes to TONGA. Plus additional 6 specially designed refrigerators and 3 emergency trolleys to the Tongan Ministry of Health, to ensure the vaccines remain stable because thousands of the vaccines these children were receiving were not stored properly.

10/24/19 - Tonga: A measles outbreak was then declared in the Kingdom of Tonga on October 24, 2019. The outbreak of measles in Tonga began early October 2019. Tongan health authorities are to re-vaccinate up to 20,000 people against the

measles after it was discovered some historical vaccinations might not be effective. "Even though some children have two doses, they still contracted the measles."

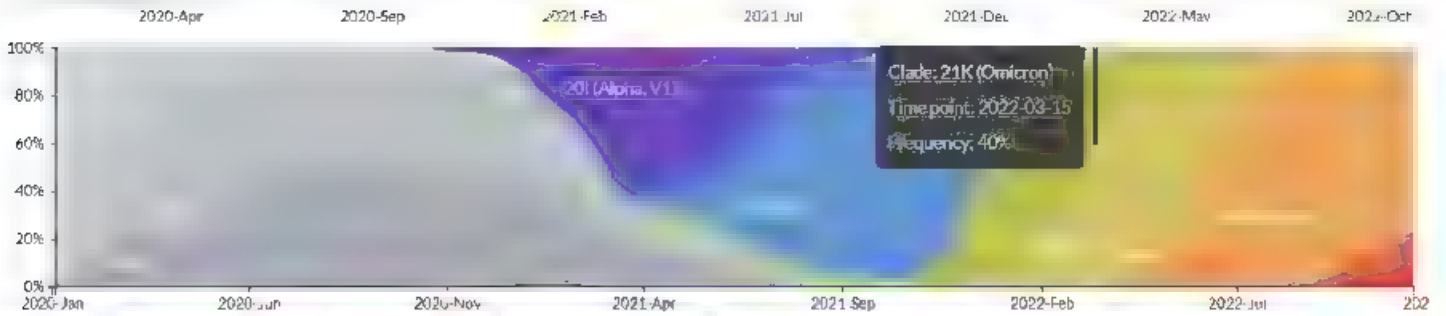
12/2/19: As of this week, there were 394 cases of the disease with two people remaining hospitalized and 2 infant deaths.

"Rapid Identification of Measles Virus Vaccine Genotype by Real-Time PCR" Journal of Clinical Microbiology 55 (3) 735-743.

First published electronically in 2016 in the Journal of Clinical Microbiology, this paper was authored jointly by staff from the Canadian Public Health Agency and the US CDC reported that 38% (73 of 194) of the 194 cases of measles in the US in 2015 were caused by the vaccine strain of measles. (2015 outbreak of measles at Disneyland)

NCM-274-1M7818(2022-03-15)2022-03-15/2022

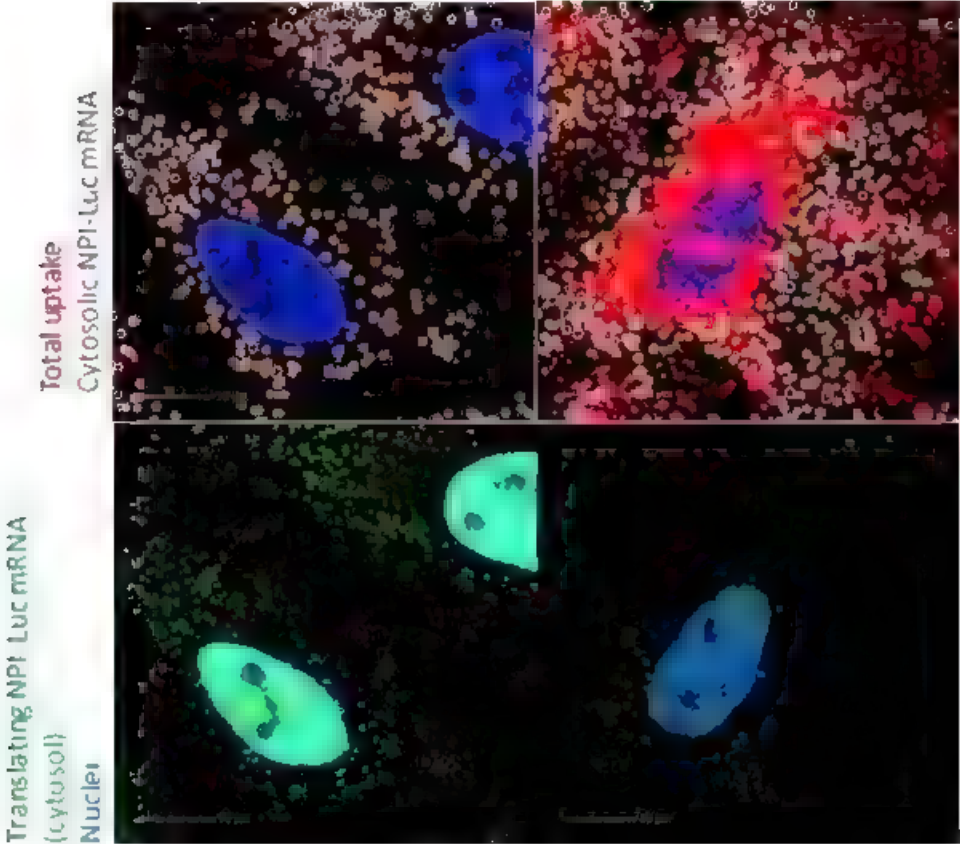
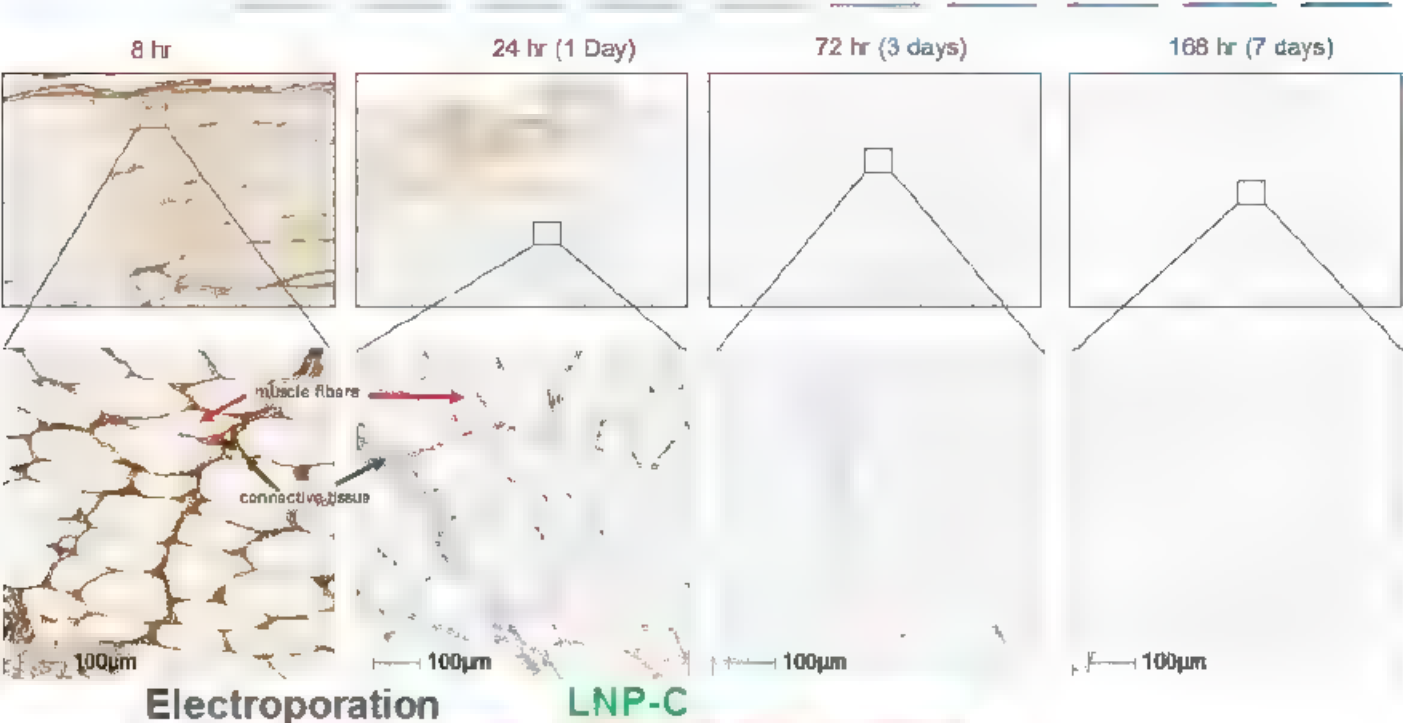
hCoV-19/American Samoa/AS
H227B10/2022
Nucleotide change
Prot + 39 gaps
Amino Acid change
Over time
Date
Clade
Author
GISAID ID



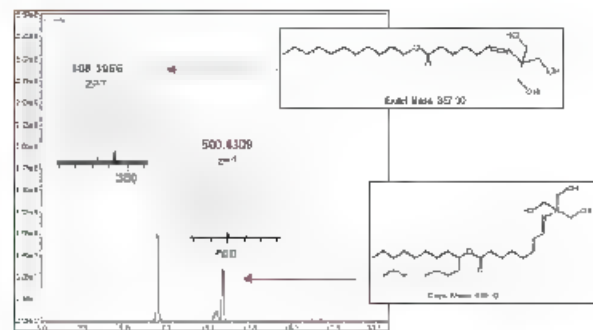
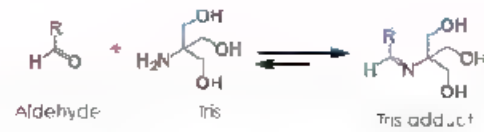
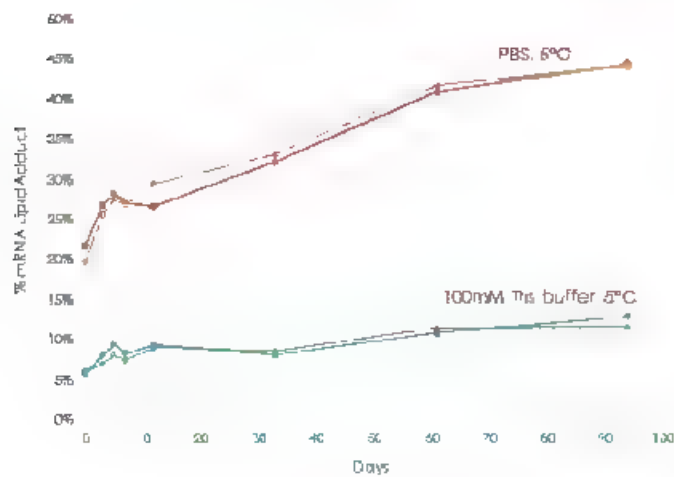
Does anyone have any idea what would be causing the increase in cancer myocarditis pericarditis blood clots Bells Palsy strokes over the past 12 months ?



mRNA is undetectable at injection site after 3 days



Tris buffer acts as an aldehyde sink and enables longer term storage at 2-8°C



MAIN MENU

EXPLORE BY TAG

ingredient and manufacture.

ADEPT/P3

As part of the ADEPT program in 2011, DARPA began investing in nucleic acid vaccines. The hypothesis was that rather than delivering antigens to the immune system, we could deliver genes that encode the antigen and allow the human body to produce the antigen from its own cells, triggering a protective immune response. In December 2020, former ADEPT performer Moderna's RNA vaccine received [FDA Emergency Use Authorization \(EUA\) approval](#) for the prevention of COVID-19.

In FY2016, DARPA initiated the Pandemic Prevention Platform (P3) program aimed squarely at the rapid discovery, testing, and manufacture of antibody treatments to fight any emerging disease threat. P3 convincingly demonstrated how to find and manufacture antibodies in less than 90 days (vs. years), using influenza, Zika, and MERS as test cases. As the COVID-19 outbreak began early in 2020, P3 research pivoted to address the novel coronavirus.

In November, 2020, [AbCellera](#) announced that a human monoclonal antibody (mAb) identified as part of the P3 program and in conjunction with the National Institute of Allergy and Infectious Diseases (NIAID) Vaccine Research Center (VRC), bamlanivimab (LY-CoV555), had been granted emergency use authorization (EUA) from the U.S.



@mzhasib



FACT CHECKERS & EXPERTS DIDN'T CHECK THE FACTS

Fact Check-There is no evidence that mRNA vaccines are linked to blood clots

Reuters Fact Check

No link found so far between menstrual disorders and COVID-19 vaccines, EU says

U.S. CDC has not seen link between heart inflammation and COVID-19 vaccines

Future of Health

4 minutes read April 27, 2021 5:25 PM UTC Last Updated 7 months ago

Rare vaccine-related blood clots tied to gene; concentrated antibodies may help the immunosuppressed

2 minute read October 23, 2022 6:23 PM UTC Last Updated ago

EU regulator recommends adding heavy periods to side effects of mRNA COVID shots

2 minute read June 24, 2022 2:15 PM UTC Last Updated ago

FDA to add warning about rare heart inflammation to Pfizer, Moderna vaccines

We are being nudged toward
Sameness,
From cradle to grave.



<https://www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19/covid-19-vaccines/about/vaccine-effectiveness>



Print

ines

at

safety

COVID-19 vaccine effectiveness

The reason we vaccinate for COVID-19 is to reduce the risk of people becoming very sick if they catch the virus.

People who have received a COVID-19 vaccine have a much lower chance of developing more serious symptoms from COVID-19 or needing hospital treatment compared to those who did not get the vaccine.

All COVID-19 vaccines approved in Australia have been proven to be effective in reducing the risk of serious effects of COVID-19. [ATAGI reports](#) show that the relative short-term effectiveness of the vaccines against symptomatic COVID-19 infection after two doses is:

- Moderna (Spikevax) vaccine over 90%
- Pfizer (Comirnaty) vaccine over 90%
- Novavax (Nuvaxovid) vaccine around 90%
- AstraZeneca (Vaxzevria) vaccine over 70%.

[Booster doses](#) are recommended after you receive your second vaccine and then as recommended by ATAGI, which will make your vaccination more effective for a longer period of time.

Ongoing studies into effectiveness

You can find current information about studies and trials looking at the effectiveness of COVID-19 vaccines on the [Australian Department of Health](#) and the [Therapeutic Goods Administration](#) websites.



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If You Accept Science, You Accept Roundup Does Not Cause Cancer



By ACSH Staff — October 9, 2018



The common weed killer Roundup (glyphosate) is back in the news after a US court ruled it contributed to a man's terminal cancer (non-Hodgkin lymphoma). Following the court's order for manufacturer Monsanto to compensate the former school ground's

keeper US\$289 million, more than 9,000 people are reportedly also suing the company.

In light of this, Cancer Council Australia is calling for Australia to review glyphosate's safety. And tonight's Four Corners report centres around Monsanto's possible cover-up of the evidence for a link between glyphosate and cancer.

Related articles

[The IARC Credibility Gap And How To Close It](#)

[Glyphosate gate: IARC's Scientific Fraud](#)

[Claims That Criticism of IARC Are Industry-Driven Do IARC More Harm Than Good](#)

[Popular Science Goes Down the Anti-Glyphosate Rabbit Hole](#)

[Infographic: Global Regulatory, Health Research Agencies on Whether Glyphosate Causes Cancer](#)

US Representatives					Raw Vote Totals				% of Prev Pres. Total
Yr	Dem	Rep	Dem	Rep	Dem	Rep	Other	Total	
1992	258	176	59.31%	40.46%	48,654,189	43,817,063	4,662,164	97,128,416	1992
1994	204	230	46.90%	52.87%	31,542,823	36,325,809	2,680,882	70,549,514	1994
1996	207	226	47.77%	51.95%	43,507,587	43,447,962	3,275,383	90,230,931	1996
1998	211	223	48.51%	51.26%	31,490,298	32,237,964	2,861,443	66,591,705	1998
2000	212	221	48.74%	50.80%	46,587,167	46,992,383	5,237,013	98,811,563	2000
2002	205	229	47.13%	52.64%	33,795,885	37,332,552	3,586,308	74,714,745	2002
2004	202	232	46.44%	53.33%	52,969,786	55,958,144	4,302,766	113,230,696	2004
2006	233	202	53.56%	46.44%	42,338,795	35,857,334	2,752,245	80,948,374	2006
2008	257	178	59.08%	40.92%	65,237,840	52,349,491	5,150,802	122,638,133	2008
2010	193	242	44.37%	55.63%	38,980,192	44,879,751	2,949,832	86,759,775	2010
2012	201	234	46.21%	53.79%	58,283,314	59,645,531	4,277,212	122,206,057	2012
2014	188	247	43.33%	56.78%	35,634,357	40,081,282	2,583,543	78,289,182	2014
2016	194	241	44.60%	55.40%	61,765,837	63,182,073	3,731,709	128,679,619	2016
2018	235	199	54.02%	45.75%	60,572,245	50,861,970	2,042,582	113,476,797	2018
2020	222	213	51.03%	48.97%	77,529,619	72,760,036	2,288,675	152,578,330	2020
2022	209	217	49.06%	50.94%	48,514,183	52,902,005	1,598,155	103,014,343	2022

Party	Year	% of Prev Pres. Total	
	1994	64.83% 82.91%	18.08%
	1998	72.38% 74.20%	1.82%
	2002	72.55% 79.44%	6.89%
	2006	79.93% 64.08%	15.85%
	2010	59.75% 85.80%	26.05%
	2014	61.12% 67.20%	6.08%
	2018	98.07% 80.50%	17.57%
	2022	62.58% 72.71%	10.13%
		71.40% 75.86%	
	Averages		
		64.13% 76.56%	12.43%
		83.52% 74.67%	8.84%
		76.24% 71.76%	4.48%

US Presidential & Mid-Term Eligible
Voter Turnout Rate

Year	Pres.	Year	Mid Term
1789	11.6%	1790	21.6%
1792	6.3%	1794	25.0%
1796	20.4%	1798	36.0%
1800	32.1%	1802	44.0%
1804	25.8%	1806	45.8%
1808	36.8%	1810	49.8%
1812	40.4%	1814	52.8%
1816	36.9%	1818	44.4%
1820	30.1%	1822	44.7%
1824	16.6%	1826	50.1%
1828	57.1%	1830	55.7%
1832	57.0%	1834	67.0%
1836	56.0%	1838	70.6%
1840	80.3%	1842	61.8%
1844	79.2%	1846	60.3%
1848	72.8%	1850	60.0%
1852	61.4%	1854	66.1%
1856	79.4%	1858	69.8%
1860	81.8%	1862	65.1%
1864	76.1%	1866	71.4%
1868	80.9%	1870	67.0%
1872	70.1%	1874	65.0%
1876	82.6%	1878	65.3%
1880	80.5%	1882	65.7%
1884	78.4%	1886	61.6%
1888	80.9%	1890	64.6%
1892	75.8%	1894	67.4%
1896	79.6%	1898	60.1%
1900	73.7%	1902	55.6%
1904	65.5%	1906	54.3%
1908	64.7%	1910	52.0%
1912	59.0%	1914	50.4%
1916	61.8%	1918	59.0%
1920	49.1%	1922	35.7%
1924	48.9%	1926	32.9%
1928	50.9%	1930	36.7%
1932	56.9%	1934	44.5%
1936	61.0%	1938	46.6%
1940	62.4%	1942	33.9%
1944	57.0%	1946	35.2%
1948	52.2%	1950	43.0%
1952	62.3%	1954	43.5%
1956	60.4%	1958	45.0%
1960	63.8%	1962	47.7%
1964	61.8%	1966	48.7%
1968	62.5%	1970	47.3%
1972	56.2%	1974	47.3%
1976	54.8%	1978	42.0%
1980	54.2%	1982	38.1%
1984	53.1%	1986	38.4%
1988	52.8%	1990	38.4%
1992	55.0%	1994	38.1%
1996	52.7%	1998	39.5%
2000	60.1%	2002	40.4%
2004	61.6%	2006	40.4%
2008	60.0%	2010	41.6%
2012	58.6%	2014	46.9%
2016	60.0%	2018	50.0%
2020	66.6%	2022	46.9%

US Presidential & Mid-Term Eligible Voter Turnout
Rate: Last 100 years

Year	Pres.	Year	Mid Term
1916	61.8%	1918	59.9%
1920	49.2%	1922	35.7%
1924	48.9%	1926	32.9%
1928	50.9%	1930	36.7%
1932	56.9%	1934	44.5%
1936	61.0%	1938	46.6%
1940	62.4%	1942	33.9%
1944	57.0%	1946	35.2%
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1992	55.0%	1994	38.1%
1996	52.7%	1998	39.5%
2000	60.1%	2002	40.4%
2004	61.6%	2006	40.4%
2008	60.0%	2010	41.6%
2012	58.6%	2014	46.9%
2016	60.0%	2018	50.0%
2020	66.6%	2022	46.9%

US Presidential & Mid-Term Eligible Voter Turnout
Rate: Last 50 years

Year	Pres.	Year	Mid Term
1972	56.2%	1974	39.4%
1976	54.8%	1978	39.0%
1980	54.2%	1982	42.0%
1984	53.1%	1986	38.4%
1988	52.8%	1990	38.4%
1992	55.0%	1994	38.1%
1996	52.7%	1998	39.5%
2000	60.1%	2002	40.4%
2004	61.6%	2006	40.4%
2008	60.0%	2010	41.6%
2012	58.6%	2014	46.9%
2016	60.0%	2018	50.0%
2020	66.6%	2022	46.9%

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Director, National Institute of Allergy and Infectious Diseases

[Vaccine Information](#)

Job Summary

THE POSITION The National Institutes of Health (NIH) is seeking exceptional candidates for the position of Director, National Institute of Allergy and Infectious Diseases (NIAID). NIAID, one of the largest of 27 Institutes and Centers (ICs) at NIH, is a \$6.3 billion research organization that conducts and supports basic, applied and translational research to better understand, treat, and ultimately prevent infectious and immune-mediated illnesses while continuing in its unique dual mandate role to respond rapidly to emerging and re-emerging infectious diseases. NIAID conducts and supports research in laboratories and clinics in the United States and abroad. Intramural sites include the main NIH campus in Bethesda, Maryland; the Integrated Research Facility in Frederick, Maryland; the Twinbrook Facility in Rockville, Maryland; and the Rocky Mountain Laboratories in Hamilton, Montana. International study is conducted and

Required Qualifications

Applicants must possess an M.D. and/or Ph.D. or equivalent doctoral degree in the areas of immunology, microbiology, immune-mediated or infectious diseases, and/or other related disciplines. A nationally/internationally recognized scientist is desired. Candidates must exhibit a broad scientific vision, demonstrating skill in managing a broad and complex biomedical research program, and the ability to lead and inspire a staff with expertise in diverse scientific disciplines to accomplish the overall mission and strategic goals. Candidates must have the ability to serve as an authority on the development, implementation, management, and analysis of complex annual operating and program budgets with multiple funding categories. A scientist with experience and skill as a communicator in matters involving biomedical research in general is required, in addition, must possess political savvy to present to various audiences and ability to meet, deal, and negotiate and handle conflicts to resolve and diffuse difficult situations. Candidates must have demonstrated experience in setting, planning, implementing, and analyzing program objectives and priorities and have the demonstrated ability to manage financial and human resources and coordinate a research portfolio involving extensive internal and external collaborations. Key attributes include an innovative and strategic thinker, team player, and skilled communicator with strong interpersonal skills who can liaison and collaborate, as well as represent the NIH at the highest levels within the government, including Congress, and with nationally and internationally recognized scientific leaders and officials of academia, industry, and the private sector, as well as the press, and professional and advocacy groups.



UNCLASSIFIED

DEFENSE ADVANCED RESEARCH PROJECTS AGENCY
675 NORTH RANDOLPH STREET
ARLINGTON, VA 22203-2114

13 Aug 21

From: COMMANDANT OF THE MARINE CORPS FELLOW, DARPA
To: INSPECTOR GENERAL

Subj: SARS-CoV 2 ORIGINS INVESTIGATION WITH US GOVERNMENT PROGRAM
UNDISCLOSED DOCUMENT ANALYSIS

Ref: (1) Executive Slide HR0011850017 EcoHealth Alliance DEFUSE
(2) HR0011850017-PREEMPT-FP-019-PM Summary (Selectable - Not Recommended)
(3) PREEMPT Volume 1 no ESS HR0011850017 EcoHealth Alliance DEFUSE
(4) PREEMPT Volume 2 EHA Final HR0011850017 EcoHealth Alliance DEFUSE
(5) SF424 2 0-V2 0 HR0011850017 EcoHealth Alliance DEFUSE
(6) WIV Budget packet HR0011850017 EcoHealth Alliance DEFUSE
(7) WS00094394-RR KeyPersonExpanded 2 0-V2.0 HR0011850017 EcoHealth Alliance DEFUSE
(8) WS00094394-RR PersonalData 1 2-V1.2 HR0011850017 EcoHealth Alliance DEFUSE

1 SARS-CoV 2 is an American-created recombinant bat vaccine, or its precursor virus. It was created by an EcoHealth Alliance program at the Wuhan Institute of Virology (WIV), as suggested by the reporting surrounding the lab leak hypothesis. The details of this program have been concealed since the pandemic began. These details can be found in the EcoHealth Alliance proposal response to the DARPA PREEMPT program Broad Agency Announcement (BAA) HR0011850017, dated March 2018 - a document not yet publicly disclosed.

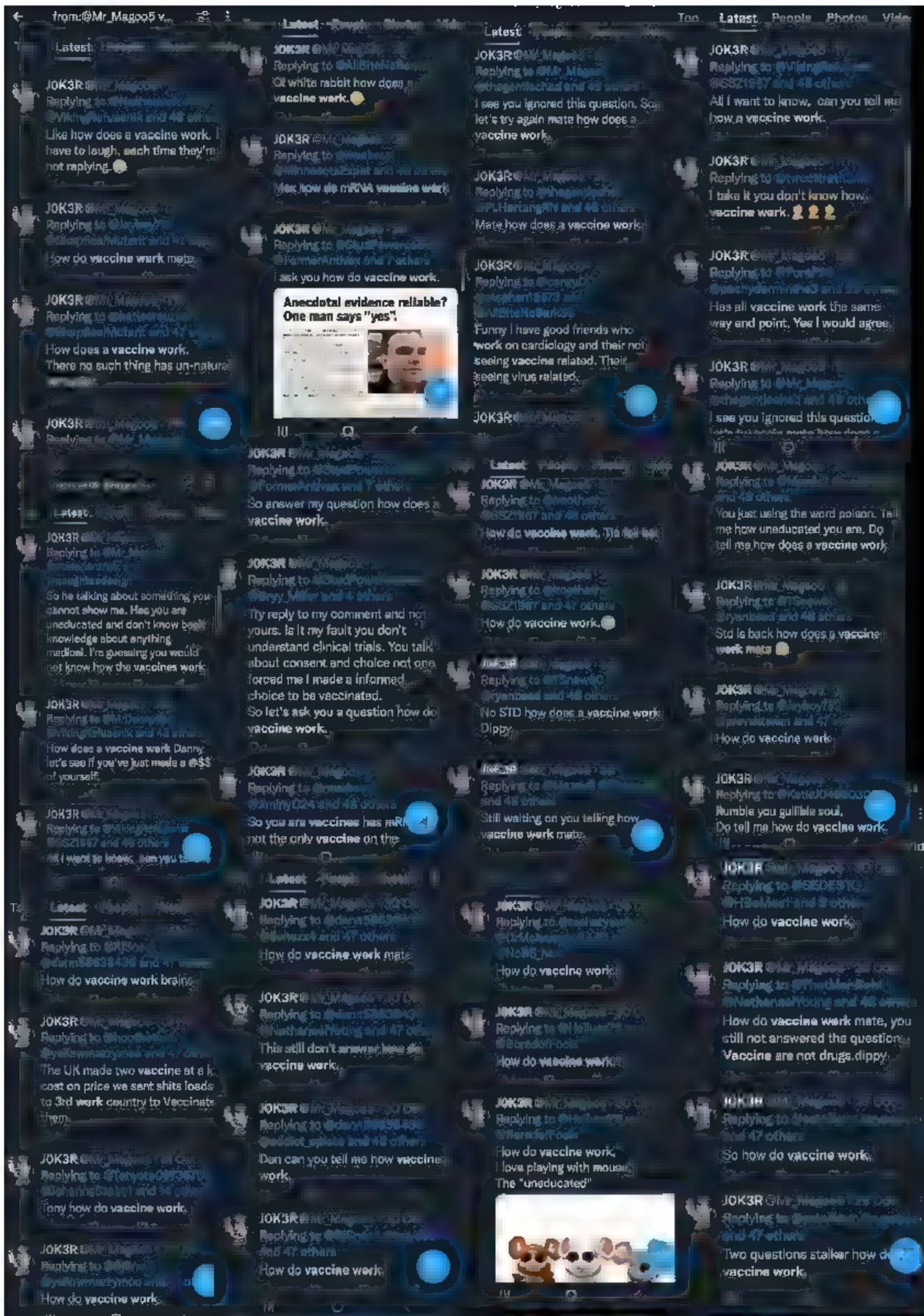
The contents of the proposed program are extremely detailed. Peter Daszak lays out step-by-step what the organization intends to do by phase and by location. The primary scientists involved, their roles, and their institutions are indicated. The funding plan for the WIV work is its own document. The reasons why nonpharmaceutical interventions like masks and medical countermeasures like the mRNA vaccines do not work well can be extrapolated from the details. The reasons why the early treatment protocols work as curatives are apparent.

SARS-CoV-2's form as it emerged is likely as a precursor, deliberately virulent, humanized recombinant SARS-CoV that was to be reverse engineered into a live attenuated SARS-CoV bat vaccine. Its future can be determined from analysis of its genome with the context provided by the EcoHealth Alliance proposal. Joining this analysis with US intelligence collections on Wuhan will aid this determination.

UNCLASSIFIED

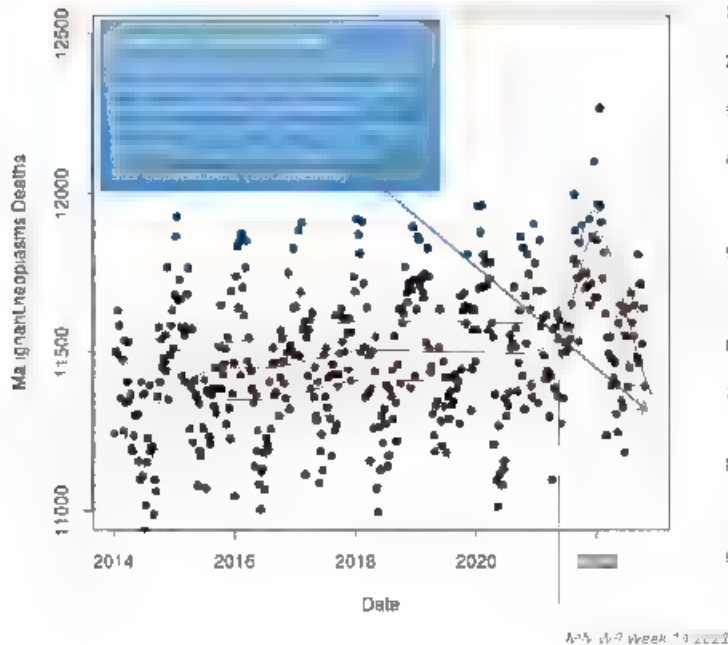
PFIZER FLEX TAPE BOOSTER!







Malignant neoplasms Deaths (2014-2022)



The Pharma Troll Fantasy

What pharma trolls would have you believe

1. Cancer rates are down suddenly in just a matter of the last 8 months off a sudden record high. It's a miracle.
2. Reaching just far enough back into time to cherry pick a high-deviation start year (2014) which appears to imply a trend, constitutes sound analysis.
3. There is no lag in death certificate reporting ("He's lag adjusting numbers which are 'already complete'")
4. That 100% of Cancer patients who tested positive, or showed possible symptoms, or might have been exposed in hospice or hospital of/to Covid therefore died of Covid (wink, wink, nudge, nudge) and only since the 'system upgrade' pause in June. In all of 2020/21/22 this overlap was ~25%.
5. Ironically, that there is no such thing as 'pull forward effect' (even though it is obvious on the graphs). You cannot use PFE analytically or you are 'making up numbers'. You must assume the 'miracle cure' is valid in your models, and of course that the 'miracle cure' assumption is not 'made up'. Yeah right.
6. That removing cancer records from the database (curating), 13-30 weeks after reporting by the attending physician, is sound science.
7. That exploding an un-attended R00-R99 and 999 death bucket-hold counts contain NO Cancer deaths. No, we don't even have to look, even though the data is available. Our knowledge is divinely inspired through authority.
8. That deferred screenings, stress-internalization, social coercion, economic collapse, inflation, corrupt media, brain-dead leadership, WW III, viruses, and a coerced ribosome chronic-dosing spike protein, will serve to REDUCE cancer rates.
9. That the cancer surge in late 2021 (after the shots started), was merely a result of Covid! Even though it was absent in all of 2020 and early 2021.

Their own 'graphs' belie their very own claims



1885



2020

Excess mortality: Deaths from all causes compared to projection based on previous years, by age

The percentage difference between the reported number of weekly or monthly deaths in 2020-2022 broken down by age group and the projected number of deaths for the same period based on previous years. The reported number might not count all deaths that occurred due to incomplete coverage and delays in reporting.

[+ Add country](#) ☒ Align axis scales



Source: Human Mortality Database (2022) World Mortality Dataset (2022) OurWorldInData.org/coronavirus • CC BY
Note: Comparisons across countries are affected by differences in the completeness of death reporting. Details can be found at our Excess Mortality page

► Jan 5, 2020 Oct 16, 2022

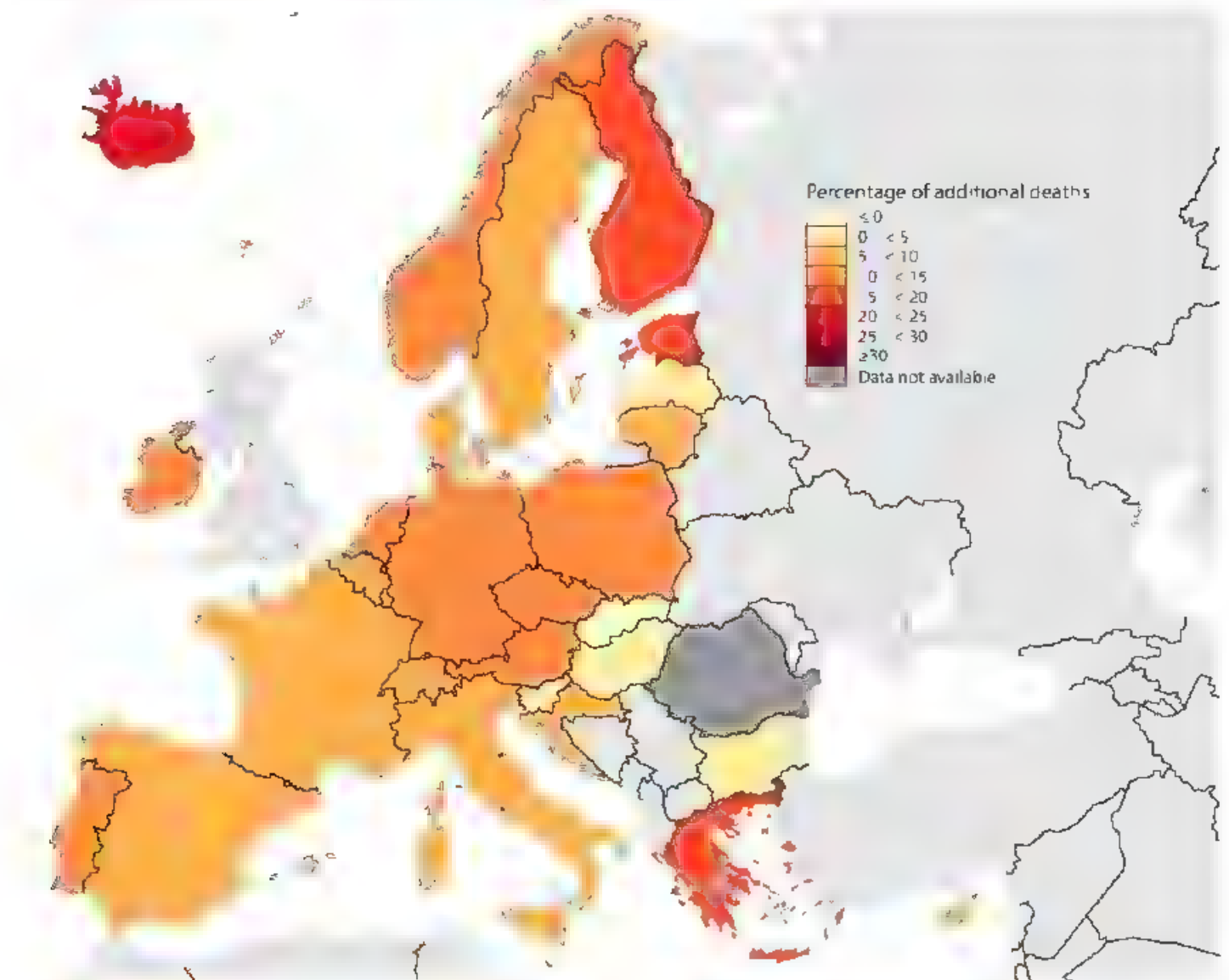
THE MUTTIONS



CAN'T MEME

Monthly Excess Mortality in September 2022

(% difference versus average monthly deaths in 2016-2019)

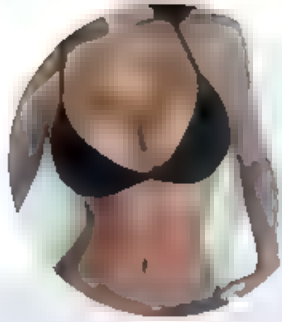


Excess mortality is expressed as percentage of additional mortality compared to the baseline period (2016-2019)

Source: Eurostat (online data code: demo_mexrt)

Administrative boundaries: EuroGeographics | UN FAO | Turkstat
Cartography: Eurostat - IMAGE, 11/2022

ec.europa.eu/eurostat 



BE A NURSE

**Patricia L. Hartung, RN,
MSN, CRNP**

@PLHartungRN

Hot, Jewish, MILF Nurse Practitioner
Happily Married To @USNavy Nurse
Practitioner x 30 Years. Mom To

100% Twitter - User avatars
Help - Hilfe - Bedingungen
Log out - Ausloggen - Abmelden
My posts - Meine Beiträge - Meine Beiträge
more - Mehr anzeigen

@ZeroMisinfoHere

Account suspended

@NoMisinfoToday

Account suspended

@ShockTraumaRN

Account suspended

@ShockTraumaNP

Account suspended

@USNMedicineCRNP

Account suspended

**IRONICALLY,
THE ONLY
PEOPLE STILL
SCARED OF
COVID ARE
VACCINATED
AGAINST IT.**

April 2019 - MMR relaunched in Samoa after a pause on the vaccination program in 2018 after two vaccine-related deaths of children. The vaccine program was poorly received by the Samoan population and uptake was low.

1st Oct 2019 - UNICEF delivered 135,000 doses of measles vaccines to Fiji, 110,500 doses of measles vaccines to Samoa (as well as supplies of vitamin A) and 12,000 doses of measles vaccines to Tonga

18th Oct 2019 - Samoa declares a measles outbreak.

24th Oct 2019 - Tonga declares a measles outbreak.

7th Nov 2019 - Fiji declares a measles outbreak ([archive here](#))

15th Nov 2019 - State of emergency declared in Samoa after 1000 cases and 15 deaths (of which 14 were children under five)

Immediately the propaganda machine moves into action making the world believe that the problem is the fact that Samoa - for one year only - had a lower vaccination rate than the neighbouring islands...

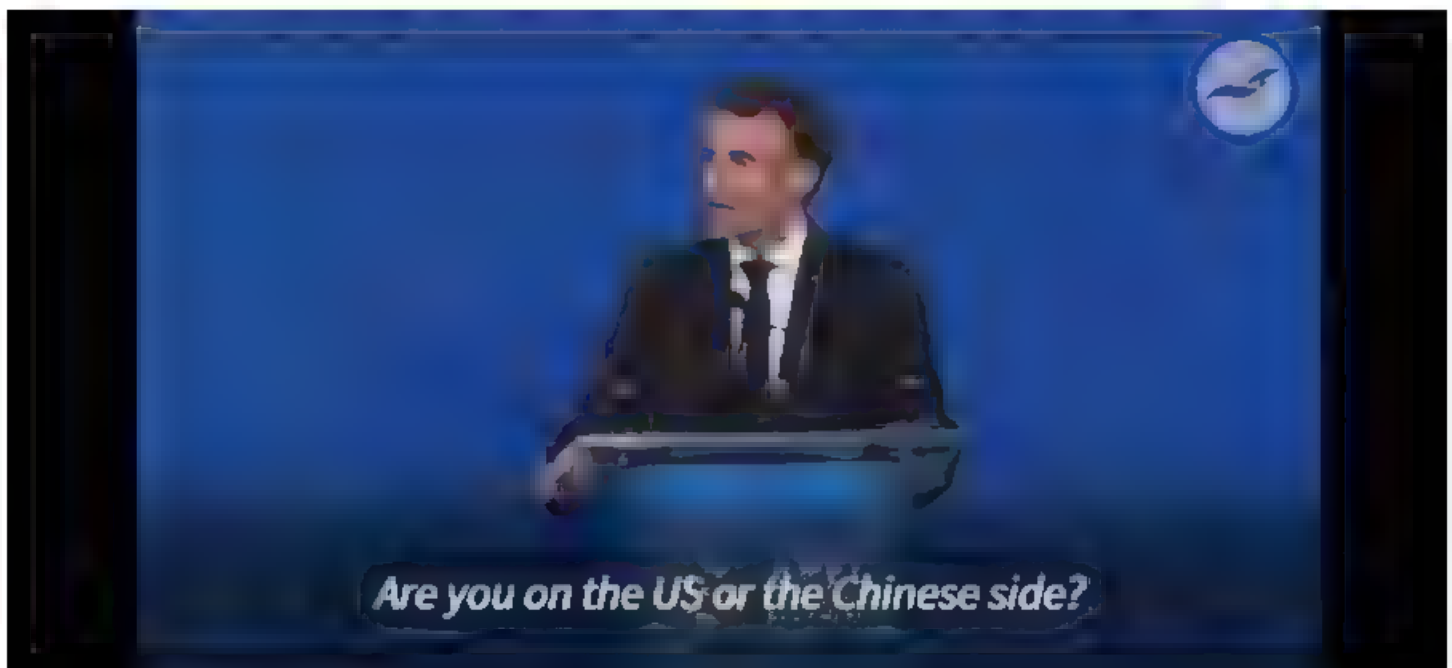
Oops.

So there are two aspects to the devastating and fatal Samoa outbreak

1. Why did a measles outbreak occur in 3 neighbouring islands at the same time, just weeks after a delivery of UNICEF vaccines to those very islands?
2. Why did the death rate in the Samoan outbreak reach such high levels far in excess of what would be expected in a country with access to healthcare?

Isn't this just the same scenario we have seen over the last 3 years?

1. A viral outbreak suspiciously appears
2. Repurposed and safe drugs (including vitamins) are denied as adjunctive treatment to people who would likely benefit from them at zero risk
3. The vaccine people come along to pretend to save the day (and likely make the situation worse because vaccinating the population during an outbreak is usually a really bad idea)
4. Social media nudge units move into action to denigrate anybody suggesting anything other than what BigPharma and BigGovt suggest as the solution, then many more people die than should have.







8:58

LTE



2ndfor1st

Following

@2ndfor1st · 1/15/18

Paul Offit:

"What's the best way to convince a parent t... more



34



228



190



Swipe up for more



Renee DiResta

July 8, 2015 · Edited · Public · 1.1K

Allowed on Timeline

This feels #humblebraggy but I have been an admirer of Sec. Clinton's for a long time so I was very excited to get to meet her. I'm planning to volunteer for the campaign in some way. If you're interested in getting involved also let me know 😊

📍 Tag Photo 📍 Add Location ✎ Edit

👍 Like 🗨 Comment ➦ Share

👤 Maki Turck, Greg Brookman and 213 others

View 25 more comments



Neischa Bots



Like Reply July 10, 2015 at 9:41am



Ella Mihov So impressive! And you look GREAT

Like Reply July 12, 2015 at 12:00pm



Rose Broome I will help

Like Reply October 18 at 11:11am



Peter Kazanjy I'm sure she was stoked to meet you, I would have been if she knew more about you!

Unlike Reply 🗨 2 February 21 at 1:06pm



Rosy Hurtado BELLISIMAS MUY IMPORTANTE TODO SE PUEDE CON BUENA ACTITUD.

See Translation

From: Vacsafety on behalf of Stanley Plotkin
To: VACSAFETY@LISTSERV.IMMUNIZE.ORG
Subject: Re: [VACSAFETY] Fwd: Daily Clips
Date: Monday, February 02, 2015 11:30:16 AM
Attachments: ~WB0001.jpg
image001.jpg
image002.jpg
image003.jpg
image004.jpg
image005.jpg
image006.jpg
image007.jpg
image008.jpg
image009.jpg
image010.jpg
image11.jpg
image12.jpg
image13.jpg
IMG_0846.JPG

(thought everybody would enjoy this from the New Yorker
Stanley Plotkin

From: Vacsafety [mailto:VACSAFETY@LISTSERV.IMMUNIZE.ORG] On Behalf Of Amy Pisani
Sent: Monday, February 02, 2015 2:22 PM
To: VACSAFETY@LISTSERV.IMMUNIZE.ORG
Subject: [VACSAFETY] Fwd: Daily Clips

Ian here are today's daily clips. We have no landline power or internet at home today due to storm.

Amy Pisani, Executive Director, ECBT

Begin forwarded message

From: Every Child By Two <info@ecbt.org>
Date: February 2, 2015 at 1:59:13 AM EST
To: amyp@ecbt.org
Subject: Daily Clips
Reply-To: info@ecbt.org

Image removed by sender

February 2, 2015

6:57



Done

21 of 37

serologic evidence of immunity; CDPH has additional criteria unless the contact is known to be unvaccinated:

- ✓ Having served in the U.S. armed forces; or
- ✓ Born in the U.S. in >1970 and attended a U.S. elementary school;
- ✓ Entered the U.S. in 1966 with an immigrant visa or have a green card.

Post-exposure prophylaxis for high-risk susceptible person:

- MMR vaccine if <72 hours of exposure
- IGIM for those <66 pounds <6 days of exposure
- IGIV for pregnant women/severely immunocompromised

Guarantee of susceptible person: 1st and 2nd doses

Measles post-exposure prophylaxis



California Department of Public Health, Immunization Branch

Recommendations for Measles Testing

- CDPH recommends PCR as primary diagnostic tool for measles; the state lab and 17 local public health labs offer measles PCR testing — benefits of PCR include:

- Virus can be detected from day of rash onset in respiratory (throat swab preferred) specimens (<7+ days after rash) or urine (<10+ days after rash)
- These specimens are easy to collect and are non-invasive
- The test is rapid (TAT <1 day) and high throughput
- Additional testing to identify genotype can be performed
- More sensitive and specific than IgM testing

- IgM testing can yield false positives (rheumatoid factor, pregnancy, etc.)
- IgM negative result in blood collected <72 hours of rash onset cannot be relied upon
- IgM testing can be falsely negative in previously vaccinated persons

During the outbreak, the state lab performed >1500 PCR tests, 17 local public health labs performed >300 PCR tests... IgG testing for immunity

Genotyping was also performed

Measles genotype D4, D8, and H1 were identified in outbreak cases

- ✓ 1 genotype D4
- ✓ 2 genotype D8
- ✓ 2 genotype H1

Not counted as outbreak cases

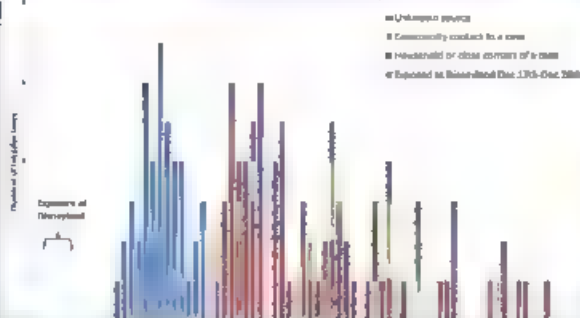
- 31 genotype A (vaccine strain) from recently vaccinated persons with febrile rash illness



California Department of Public Health, Immunization Branch

Confirmed Measles Outbreak Case Rash Onsets — California, December 27, 2014 – April 17th, 2015, n=131

Confirmed Measles Cases* by Rash Onset Date and Transmission Setting, California, December 2014 – April 17th, 2015



AZ 7
UT 3
NE 2
WA 2
CO 1
OR 1
CA 14

Mexico

Canada

(from single case in

child who was

infected at

Disneyland and

returned to

susceptible regions)





Africa is only 6% vaccinated, and covid has practically disappeared... scientists "baffled"

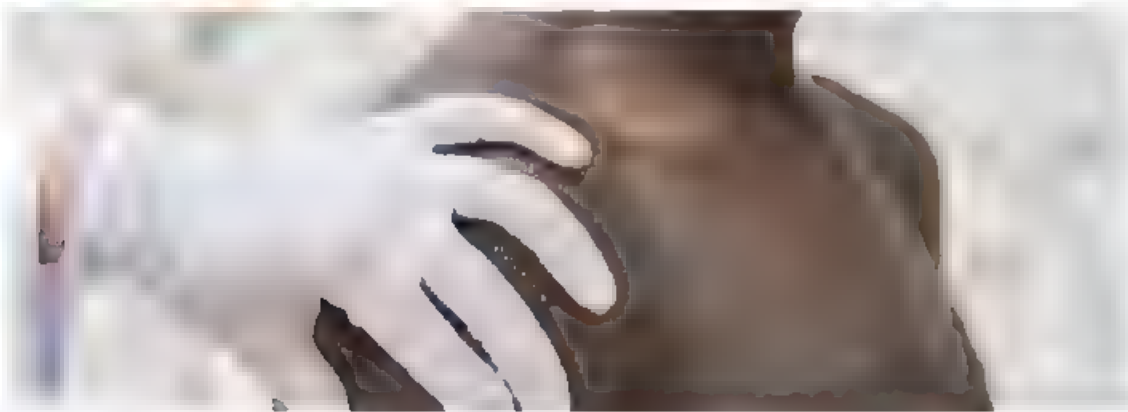
11/22/2021 / By Ethan Huff / Comments

Bypass censorship by sharing this link:



<https://www.afinalwarning.com/573128.html>

Copy URL





k3tan @_k3tan · 22h

So, did we get to the bottom of who ate the bat in China?



8



1



48



Jikky Kjj 🐼 @JikkyKjj · 12m

Yes. Peter Daszak created the menu. Zengli Shi made the dish. The NIH booked the table and paid the bill along with a \$10bn bottle of wine. When someone found out, Ed Holmes, Dominic Dwyer and Peter Doherty were summoned to bury the story.

#covidin1tweet

23:21



Katie Gibbs @katiegibbs · 10h

Well it got me. No idea where from. We all wear n95s inside. So what I can tell for sure is that I have covid because someone else wasn't wearing a mask. Tell me again how masking is an individual choice?

[#BringBackMasks](#)



3,118 941 3,738

[jussy](#) Retweeted



Lord Michael Martin 1st... · 3h

Soldier, 18, who walked beside Queen's coffin at funeral for dead in barracks - The Mirror



23:21



Herbert Powell #53 🇨🇦 ... · 5h

Tested +again, despite no symptoms & wearing my N95 everywhere. It was mild last time & I'm freshly boosted so fingers crossed.

My isolated infection with no symptoms is proof masks work, this is STILL NOT OVER!

If me of all people can be asymptomatic, how is it not a pandemic?



85

21

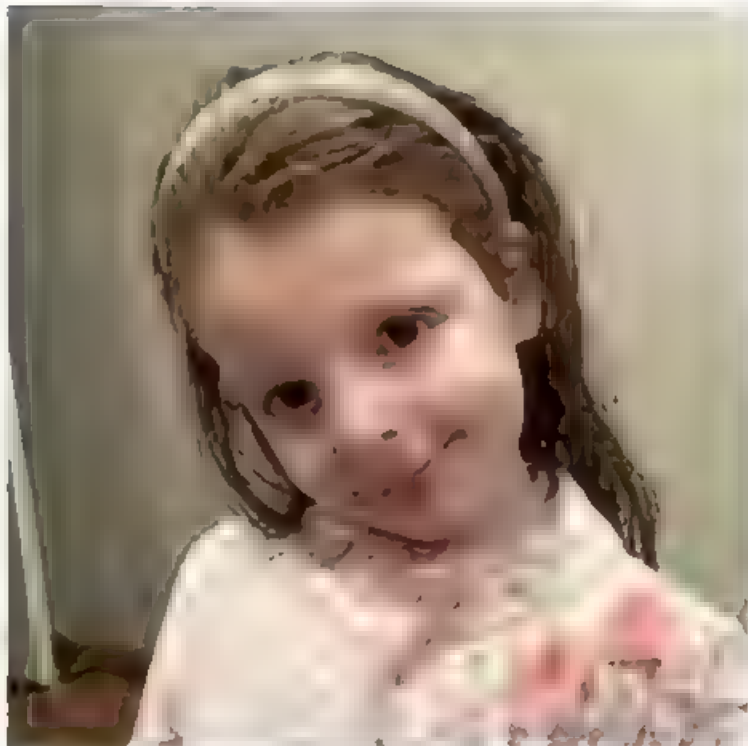
92



watching workers you fired
leave in vehicles you made



Position	Year	Compensation	Other	Severance	Total Compensation
President & CEO	2019	\$597,618	\$80,167	\$0	\$677,785
Vice President	2019	482362.86	65909.33	0	\$548,272
VP and Chief Medical Officer	2019	480440.36	69165.27	0	\$549,606
Senior Medical Director	2019	476630.3	56494.48	0	\$533,125
VP and Medical Director	2019	460851.43	41610.47	0	\$502,462
Zone Medical Director	2019	422000.28	27015.64	0	\$449,016
VP and Medical Director	2019	416665.85	59732.48	0	\$476,398
Zone Medical Director	2019	415425.17	52965.76	0	\$468,391
Associate Chief Medical Officer	2019	409251.88	55598.86	0	\$464,851
Vice President	2019	409187.73	58008.91	0	\$467,197
Vice President	2019	385002.17	57259.98	0	\$442,262
Vice President	2019	383289.33	57587.81	0	\$440,877
Medical Leader	2019	378635.13	44628.35	0	\$423,263
Vice President	2019	377415.11	49650.8	0	\$427,066
Vice President	2019	361172.47	53211.63	0	\$414,384
Senior Medical Director	2019	353550.2	51572.44	0	\$405,123
Associate Zone Medical Director	2019	347878.39	33582.44	0	\$381,461
Chief Program Officer	2019	343455.03	53214.91	0	\$396,670
Vice President	2019	342307.98	51978.64	0	\$394,287
Chief Program Officer	2019	339619.71	47873.95	0	\$387,494
Chief Zone Officer	2019	325356.25	45255.27	0	\$370,612
Chief Zone Officer	2019	325227.01	44300.82	0	\$369,528
Vice President	2019	321627.42	46479.24	0	\$368,107
Chief Program Officer	2019	317823.77	46104.96	0	\$363,929
Lead Medical Officer of Health	2019	316520.86	43682.12	0	\$360,203
Senior Program Officer	2019	304714.47	46974.17	0	\$351,689
Medical Officer of Health	2019	302353.97	45801.08	0	\$348,155
Chief Program Officer	2019	301968.94	45637.4	0	\$347,606
Senior Program Officer	2019	301172.08	46086.58	0	\$347,259
Chief Program Officer	2019	294136.16	42798.56	0	\$336,935
Lead Medical Officer of Health	2019	292687.32	42331.12	0	\$335,018
Senior Program Officer	2019	291639.36	44305.55	0	\$335,945
Lead Medical Officer of Health	2019	288741.09	42083.01	0	\$330,824
Senior Operating Officer	2019	283824.42	40936.65	0	\$324,761
Special Advisor	2019	282119.32	38189.08	0	\$320,308
Chief Program Officer	2019	275749.7	20323.66	0	\$296,073
Senior Program Officer	2019	274285.23	38699.95	0	\$312,985
Senior Program Officer	2019	271621.63	40141.23	0	\$311,763
Zone Medical Director	2019	270166.08	36089.64	0	\$306,256
Medical Officer of Health	2019	266636.32	37785.17	0	\$304,421
Medical Officer of Health	2019	264934.82	36682.56	0	\$301,617
Zone Medical Director	2019	263760.7	37912.88	0	\$301,674
Senior Program Officer	2019	263695.9	38887.02	0	\$302,583
Senior Program Officer	2019	263472.69	41394.86	0	\$304,868
Medical Officer of Health	2019	261979.29	40861.97	0	\$302,841
Senior Operating Director	2019	259577.49	36107.89	0	\$295,685



Rozalia Spadafora
Age 5, Myocarditis, Cardiac
Arrest, Died July 5th 2022.
Canberra, Australia

#Myocarditis

My response to Dr. Hardy
and the licensing board in
Colorado. Pause to read.



Team Halo update & my credentials

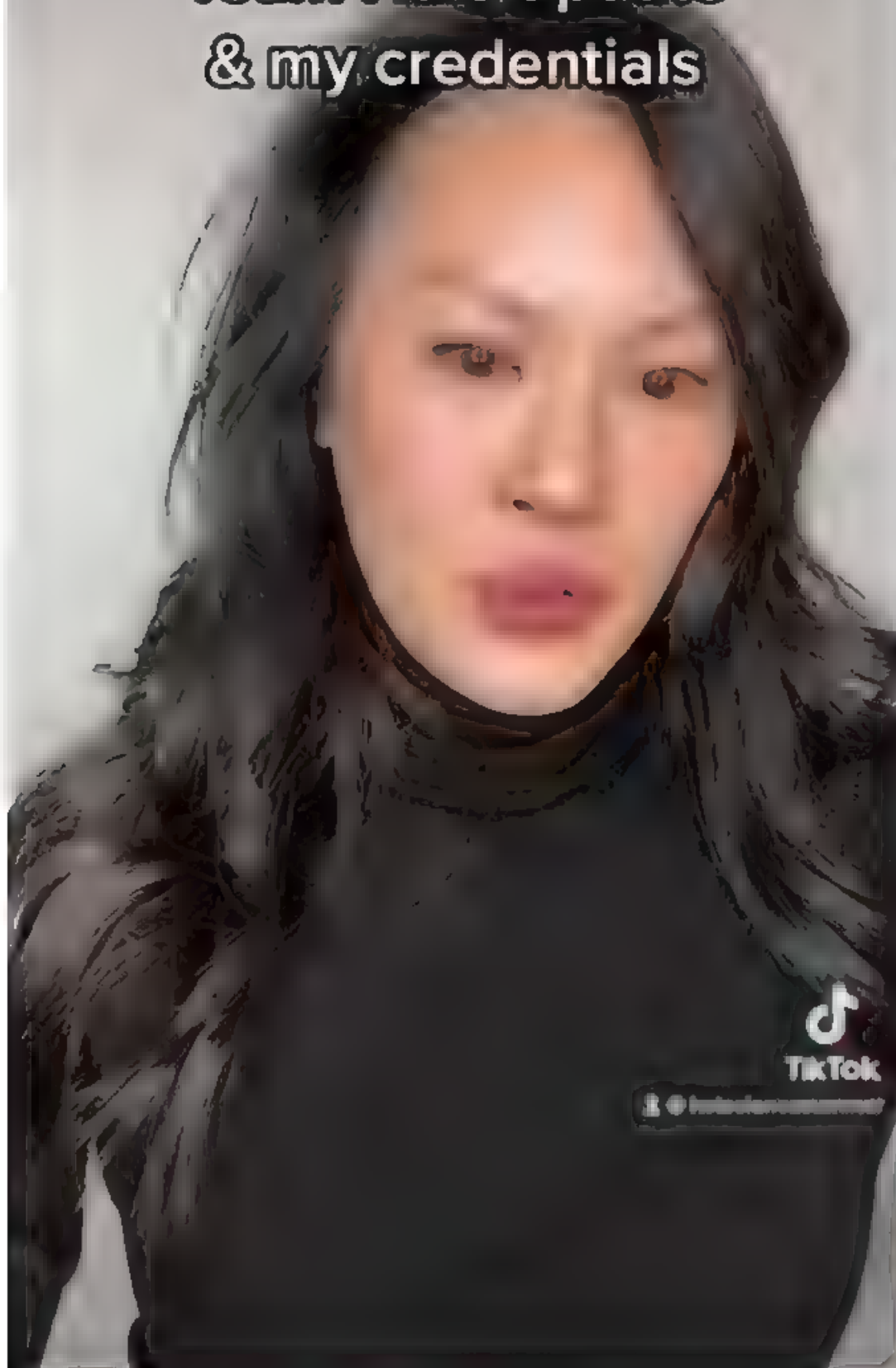


Table 4-2. Mean concentration of radioactivity (sexes combined) in tissue and blood following a single IM dose of 50 µg mRNA/rat

Sample	Total Lipid Concentration (µg lipid equiv/g (or mL))						
	0.25 min	1 h	2 h	4 h	8 h	24 h	48 h
Adipose tissue	0.057	0.100	0.126	0.128	0.093	0.084	0.181
Adrenal glands	0.27	1.48	2.72	2.89	6.30	13.77	18.21
Bladder	0.041	0.130	0.146	0.167	0.148	0.247	0.365
Bone (femur)	0.091	0.195	0.266	0.276	0.340	0.342	0.687
Bone marrow (femur)	0.48	0.96	1.24	1.24	1.84	2.49	3.77
Brain	0.045	0.100	0.138	0.115	0.073	0.069	0.068
Eyes	0.010	0.035	0.052	0.067	0.059	0.091	0.112
Heart	0.28	1.03	1.40	0.99	0.79	0.45	0.55
Injection site	128.3	393.8	311.2	338.0	212.8	194.9	164.9
Kidneys	0.39	1.16	2.05	0.92	0.59	0.43	0.47
Large intestine	0.013	0.048	0.09	0.29	0.65	1.10	1.34
Liver	0.74	4.62	10.97	16.55	26.54	19.24	24.29
Lung	0.49	1.21	1.83	1.50	1.15	1.04	1.09
Lymph node (mandibular)	0.064	0.189	0.290	0.408	0.534	0.554	0.727
Lymph node (mesenteric)	0.050	0.146	0.530	0.489	0.689	0.985	1.366
Muscle	0.021	0.061	0.084	0.103	0.096	0.095	0.192
Ovaries (females)	0.104	1.34	1.64	2.34	3.09	5.24	12.26
Pancreas	0.081	0.207	0.414	0.380	0.294	0.358	0.599
Pituitary gland	0.339	0.645	0.868	0.854	0.405	0.478	0.694
Prostate (males)	0.061	0.091	0.128	0.157	0.150	0.183	0.170
Salivary glands	0.084	0.193	0.255	0.220	0.135	0.170	0.264
Skin	0.013	0.208	0.159	0.145	0.119	0.157	0.253
Small intestine	0.030	0.221	0.476	0.879	1.279	1.302	1.472
Spinal cord	0.043	0.097	0.169	0.250	0.106	0.085	0.112
Spleen	0.33	2.47	7.73	10.30	22.09	20.08	23.35
Stomach	0.017	0.065	0.115	0.144	0.268	0.152	0.215
Testes (males)	0.031	0.042	0.079	0.129	0.146	0.304	0.320
Thymus	0.088	0.243	0.340	0.335	0.196	0.207	0.331
Thyroid	0.155	0.536	0.842	0.851	0.544	0.578	1.000
Uterus (females)	0.043	0.203	0.305	0.140	0.287	0.289	0.456
Whole blood	1.97	4.37	5.40	3.05	1.31	0.91	0.42
Plasma	3.96	8.13	8.90	6.50	2.36	1.78	0.81
Blood:plasma ratio	0.815	0.515	0.550	0.510	0.555	0.530	0.540



The Sound of Science

Hello weakness Fauci's friend
 He's come to use you for his ends
 Because decisions while you were sleeping
 Produced chimeras now world-wide creeping
 And the virus that was injected, hit my vein
 Now in my brain?
 Bad ideas abound in Science

There's feckless Fauci on his throne
 Crowned by crisis overblown
 The klaxon awakens my internment camp
 My vaccine passport didn't have a stamp
 And my arms were jabbed just so I could take a flight
 Where are my rights?
 Stolen in the name of Science

And in the ICU's I saw
 Ten thousand people, maybe more
 People dying without breathing
 Early symptoms they were showing
 Spouses not allowed one last embrace to share
 Cause no one dared Return the bounties of Science

"Fauci" said "I do not know
 Computers let's connect, virus
 Early treatment now be ready in
 Here's gone is that stage from you"
 But my words were sacred to the people
 And echoes in the wells of Science

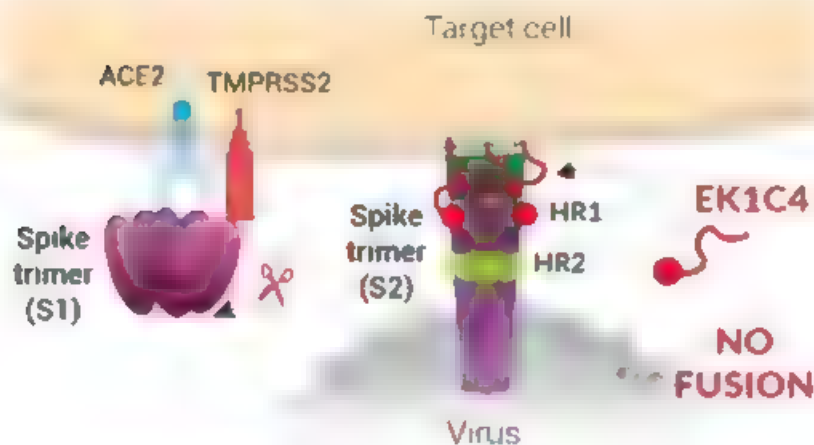
And Dr Fauci bowed again so
 To the chimera hat they'd made
 I am the science" was his warning
 Quas-speeches it was warning
 And Rand Paul said "The words of the doctors rang out in the Capitol's halls"
 Yet Fauci smiled
 And Censorship kept killing Science

[Signature]
 [Redacted]

Lipopeptide-based SARS-CoV-2 fusion inhibitor

EK1C4 is a lipopeptide that potently inhibits SARS-CoV-2 (and other human coronaviruses, HCoV) fusion with target cells [1]. It is derived from the EK1 peptide to which cholesterol has been covalently attached in the C terminal, with the help of a flexible polyethylene glycol (PEG) spacer [1].

Mode of action:



Inhibition of Spike-mediated cell fusion by EK1C4

EK1C4 binds to a region of the virus Spike (S) protein that is crucial for fusion with the target cell. EK1C4, like EK1, interacts with the heptad repeat domain 1 (HR1) in the S2 subunit of the Spike protein [1,2]. These inhibitors prevent the HR1 and HR2 trimer association to form a six-helix bundle (6-HB) which brings the viral and target cell membranes in close proximity for fusion. EK1C4 has been described as the most potent HCoV fusion/entry inhibitor among EK1 and EK1-derived molecules in cellular assays using pseudotyped or live coronaviruses [1]. It has been suggested that the cholesterol group improves the anti-viral activity of EK1C4, possibly through anchoring the inhibitor to the target membrane, subverting the hydrophobic



Follow

Dr Teresa Kelly

@ztkelly

Obstetrician. Passionate about patient safety. Happy to help with evidence/questions about Covid vaccines in pregnancy. Views are my own

[@projecthalo](#)

Medical & Health North West, England Joined April 2009

1,159 Following 1,810 Followers



BioMedicine

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Covid19 Vaccines and the Misinterpretation of Perceived Side Effects

Raymond Palmer *Full Spectrum Biologics Perth AUSTRALIA*

Follow

Abstract

In the era of Covid19 and mass vaccination programs, the anti-vaccination movement across the world is currently at an all-time high. Much of this anti-vaccination sentiment could be attributed to the alleged side effects that are perpetuated across social media from anti-vaccination groups. Fear mongering and misinformation being peddled by people with no scientific training to terrify people into staying unvaccinated is not just causing people to remain susceptible to viral outbreaks, but could also be causing more side effects seen in the vaccination process. This brief review will offer data that may demonstrate that misinformation perpetuated by the anti-vaccination movement may be causing more deaths and side effects from any vaccine. A mini review of published literature has been conducted and found that mental stress clearly causes vasoconstriction and arterial constriction of the blood vessels. Therefore, if subjects are panicked, concerned, stressed or scared of the vaccination, their arteries will constrict and become smaller in and around the time of receiving the vaccine. This biological mechanism (the constriction of veins, arteries and vessels under mental stress) is the most likely cause for where there has been blood clots, strokes, heart attacks, dizziness, fainting, blurred vision, loss of smell and taste that may have been experienced shortly after vaccine administration. The extreme mental stress of the patient could most likely be attributed to the fear mongering and scare tactics used by various anti-vaccination groups. This paper does not aim to rule in or out every side effect seen, but it is highly likely that many apparent side effects seen shortly after a subject has received a vaccine could be the result of restricted or congested blood flow from blood vessel or arterial constriction caused by emotional distress or placebo based on fear around vaccines.

Recommended Citation

Palmer Raymond (2022) "Covid19 Vaccines and the Misinterpretation of Perceived Side Effects." *BioMedicine* Vol. 12, Iss. 3, Article 1.
DOI: [10.37796/2211-8039.1371](https://doi.org/10.37796/2211-8039.1371)



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Biomedicine (Taipei). 2022, 12(3): 1-4

PMCID: PMC9629406

Published online 2022 Sep 1 | doi: 10.37796/2211-8039.1371

PMID: 36381188

Covid 19 vaccines and the misinterpretation of perceived side effects clarity on the safety of vaccines

Raymond D. Palmer^{a, b}

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Abstract

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In the era of Covid 19 and mass vaccination programs, the anti-vaccination movement across the world is currently at an all-time high. Much of this anti-vaccination sentiment could be attributed to the alleged side effects that are perpetuated across social media from anti-vaccination groups.

Fear mongering and misinformation being peddled by people with no scientific training to terrorise people into staying unvaccinated is not just causing people to remain susceptible to viral outbreaks, but could also be causing more side effects seen in the vaccination process. This brief review will offer data that may demonstrate that misinformation perpetuated by the anti-vaccination movement may be causing more deaths and side effects from any vaccine.

A mini review of published literature has been conducted and found that mental stress clearly causes vasoconstriction and arterial constriction of the blood vessels. Therefore, if subjects are panicked, concerned, stressed or scared of the vaccination, their arteries will constrict and become smaller in and around the time of receiving the vaccine. This biological mechanism (the constriction of veins, arteries and vessels under mental stress) is the most likely cause for where there has been blood clots, strokes, heart attacks, dizziness, fainting, blurred vision, loss of smell and taste that may have been experienced shortly after vaccine administration. The extreme mental stress of the patient could most likely be attributed to the fear mongering and scare tactics used by various anti-vaccination groups.

This paper does not aim to rule in or out every side effect seen, but it is highly likely that many apparent side effects seen shortly after a subject has received a vaccine could be the result of restricted or congested blood flow from blood vessel or arterial constriction caused by emotional distress or placebo based on fear around vaccines.

Keywords: Covid 19, Vaccines, Side effects, Misinterpretation, Ischemia, Stress, Cardiovascular



 563 VIEWS  1 DOWNLOAD  TRACK

MAPK Activation, P53 and Autophagy Inhibition Characterize the SARS-CoV-2 Spike Protein Induced Neurotoxicity

   +1 Antonis Kyriakopoulos, Greg Nigh, Peter A McCullough, Stephanie Seneff  

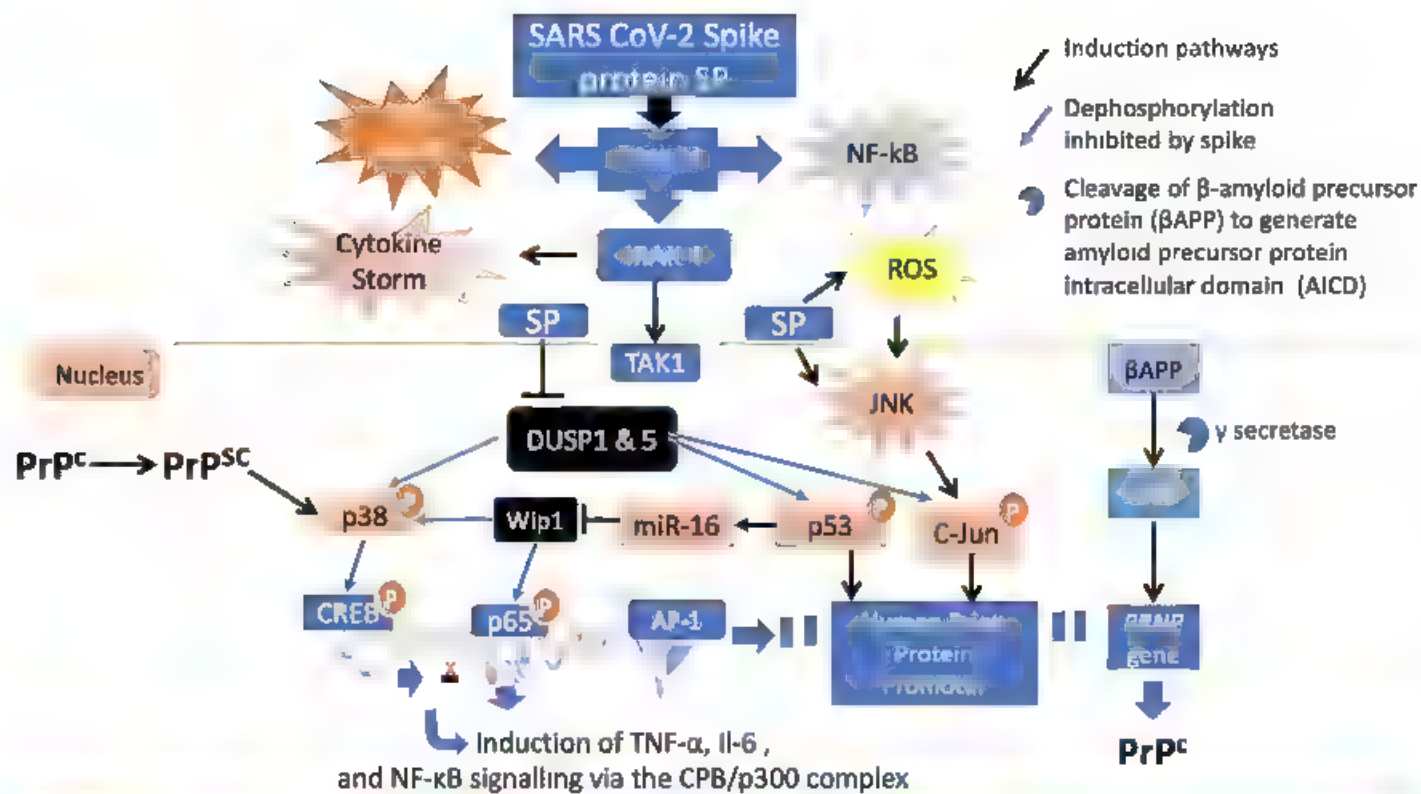
Abstract

The SARS-CoV-2 spike protein and prions use common pathogenic pathways to induce toxicity in neurons. Infectious prions activate the p38 mitogen activated protein kinase (MAPK) pathway, and SARS-CoV-2 spike proteins induce the p38 MAPK and c-Jun NH2 terminal kinase (JNK) pathways through toll like receptor signaling, indicating the potential for similar neurotoxicity, causing prion and prion-like disease. In this review we analyze the roles of autophagy inhibition, elevated intracellular p53 levels and reduced Wild-type p53-induced phosphatase 1 (Wip1) and dual specificity phosphatase (DUSP) expression in neurons. The pathways induced by the spike protein via toll like receptor activation induce both PrP^C upregulation and β amyloid expression. Through the spike-protein-dependent elevation of p53 levels via β amyloid metabolism, increased PrP^C expression can lead to PrP misfolding and impaired autophagy, generating prion disease. We conclude that, according to the age of the spike protein exposed patient and the state of their cellular autophagy activity, excess sustained activity of p53 in neurons may be a catalytic factor in neurodegeneration. We conclude that neurodegeneration is in part due to intensity and duration of spike protein exposure, patient age, cellular autophagy activity, and activation, function and regulation of p53. Finally, the neurologically damaging effects can be cumulatively spike protein dependent, whether exposure is by natural infection or, more substantially, by repeated mRNA vaccination.

Recent neurotoxicity studies indicate that the SARS CoV 2 S1 subunit induces neuro inflammation in microglial cells, a special type of macrophage in the central nervous system (CNS) [10,11]. The neuroinflammatory response is mediated by p38 MAPK and nuclear factor κ light chain enhancer of activated B cells (NF κ B) activation, mainly through the pattern recognition receptor TLR4. In addition, the SARS CoV 2 S1 subunit elicits a pro-inflammatory response in murine and human macrophages by activating TLR4 receptor signaling. In this signaling process, both JNK and p38 are activated by phosphorylation [12]. It is important to note that infectious prions also activate the p38 MAPK pathway to induce their neurotoxicity effects [13]. The spike protein has prion like characteristics that may contribute to its neurotoxicity. We will return to this topic in great detail later.

Central to promotion of prion and prion like disease is the induction of γ -secretase metabolism of the APP sequence, which, through BACE 1, yields the A β sequence, a highly potent transcriptional activator of the TP53 gene. This disease-prone metabolic state is induced through p38 MAPK activation in neurons. Therefore, the SARS-CoV 2 spike protein can be a re-enforcing toxicity factor, since it induces both p38 MAPK and JNK activation which subsequently will provide a surplus of activated p53. The activation of p53 is potentially further enforced through concurrent Wip1 deactivation by JNK. p53 induced miR-16 expression. Decreased degradation of p53 via the UPS and autophagy due to oxidative damage to the p62 promoter further enhances the risk to induction of neuronal apoptosis.

We propose that age-related impairments in autophagy may predispose towards increased risk to cognitive issues associated with the ability of the spike protein to behave as a prion-like protein, triggering misfolding of PrP and other amyloidogenic proteins. The spike protein has been shown to induce an inflammatory response in microglia, which can lead to oxidative stress and DNA damage. Through MAPK activation via TLR4 receptors, as well as JNK activation, the spike protein can be expected to suppress key phosphatases that normally would restore cellular homeostasis following p53 activation via MAPK. Sustained p53 phosphorylation in neurons can induce PrP conversion to PrP^{Sc}. The precipitation of misfolded PrP into fibrils causes a loss-of-function pathology, and subsequent catastrophic autophagy failure ultimately leads to programmed cell death (apoptosis) and resulting neurological symptoms and accelerated senescence.



REVIEW ARTICLE  Open Access 

Aging clocks & mortality timers, methylation, glycomic, telomeric and more. A window to measuring biological age

Raymond D. Palmer 

First published: 05 February 2022 | <https://doi.org/10.1002/agm2.12197>

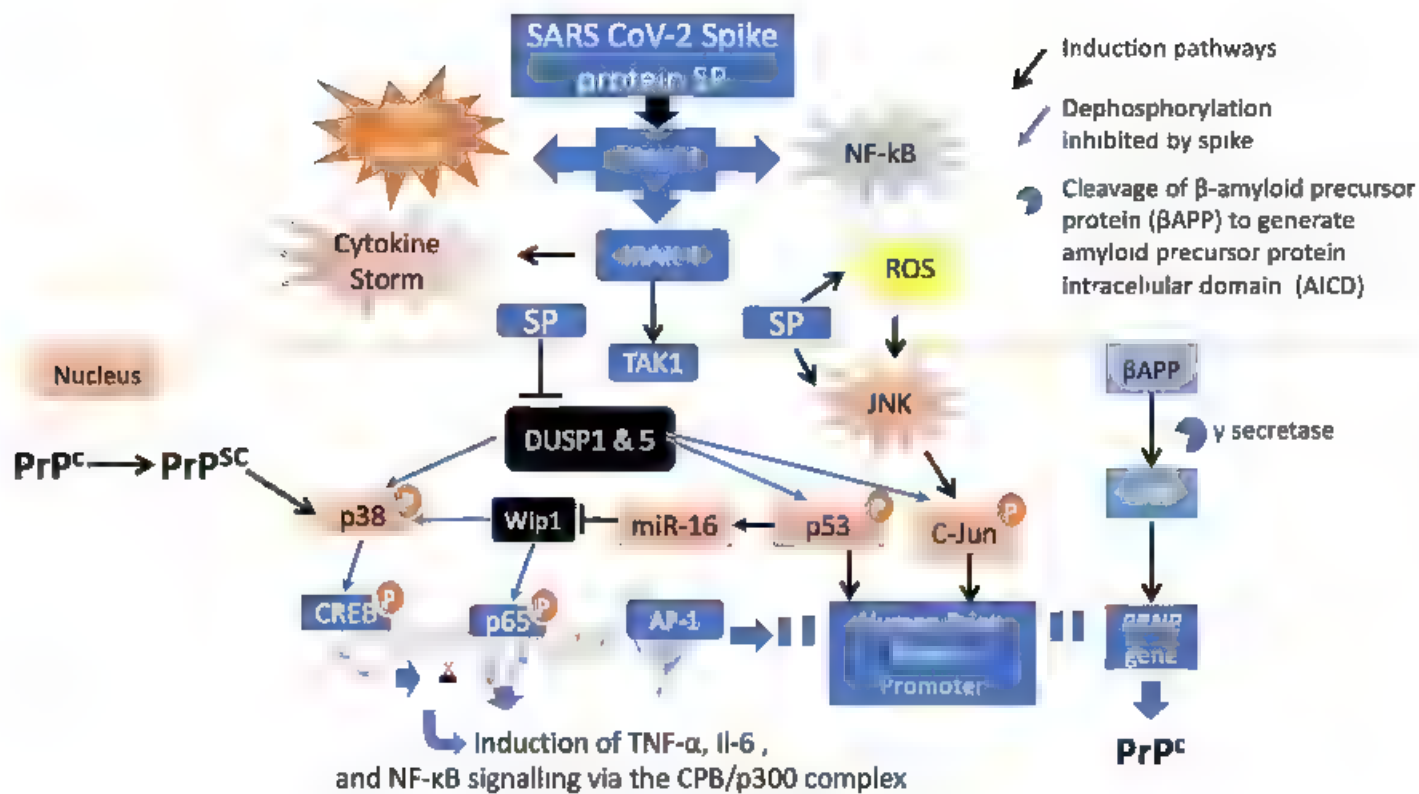
CONFLICTS OF INTEREST

Raymond D. Palmer is Chief Science Officer of Full Spectrum Biologics, Science of Aging; host of *The Longevity Experts* television show; and author of *The Anti-Aging Toolkit*. He holds multiple patents in biotech.

AUTHOR CONTRIBUTIONS

Raymond D Palmer is the sole author of this work.





How many 'medical experts' are guilty of the crimes of:

- injecting coerced people under duress
- not gaining informed consent for a medical experiment

The image displays three news article headlines from different sources, with red arrows pointing to the word 'vaccines' in each headline. The first article is from Reuters, dated April 27, 2021, with the headline 'U.S. CDC has not seen link between heart inflammation and COVID-19 vaccines'. The second article is also from Reuters, dated June 24, 2021, with the headline 'FDA to add warning about rare heart inflammation to Pfizer, Moderna vaccines'. The third article is from RNZ, dated August 30, 2022, with the headline 'Man who died after receiving Covid-19 vaccine not warned about myocarditis risk, inquest told'.

REUTERS My View Register
2 minute read April 27, 2021 5:25 PM UTC Last Updated ago
U.S. CDC has not seen link between heart inflammation and COVID-19 vaccines

REUTERS My View Register
2 minute read June 24, 2021 2:15 PM UTC Last Updated ago
FDA to add warning about rare heart inflammation to Pfizer, Moderna vaccines

RNZ Menu
and World Politics Pacific
NEW ZEALAND , COVID-19
Man who died after receiving Covid-19 vaccine not warned about myocarditis risk, inquest told
10:01 pm on 30 August 2022

@unmasking_media

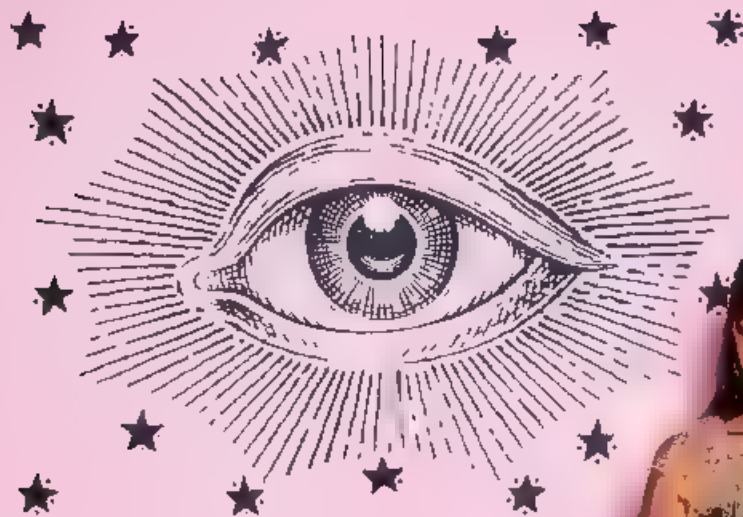
ARCHETYPES



GUCCI
Garden
SYDNEY



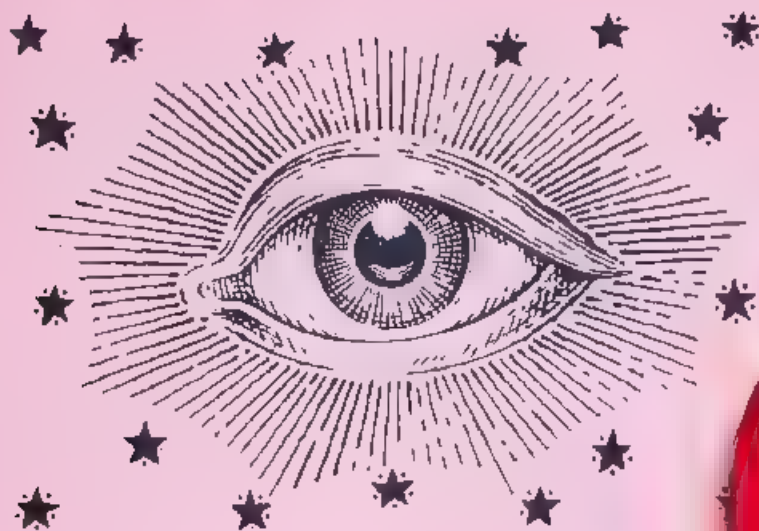
ARCHETYPES



GUCCI
Garden
SYDNEY



ARCHETYPES



GUCCI
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ARCHETYPES



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INSIDE HUNTER BIDEN'S LAPTOP

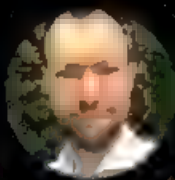
CBS NEWS OBTAINS LAPTOP DATA PURPORTEDLY BELONGING TO PRESIDENT'S SON



HARVARD REQUIRING COVID BOOSTERS & FLU SHOT

THE INGRAHAM ANGLE

INGRAHAM
STEWART
SUNDAY 10-11P
WEEKNIGHTS 10PM ET



Rob Hughes

@R_Hughes1

People who say [@domjoly](#) isn't funny (anymore) are waaaaay out of line. This is his best work yet. 🤡



Dom Joly 🌱 @domjoly · 3h

Replying to @n_equals_42 @apsmunro and @SwaledaleMutton

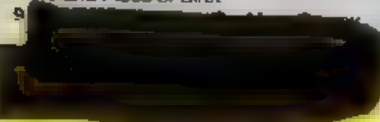
I don't- that's why I listen to experts like @SwaledaleMutton and not cranks with an agenda

3:38 AM · Nov 22, 2022 · Twitter Web App

**Vikki Spit**5 m · **Pursuant to Regulation 9 of the Coroners (Investigations) Regulations 2013****DEATH**Ref. **8145852 - 2021**Name and Surname
Zion XXXSex **Male**

Maiden name

Date and Place of Birth

**19 May 2021****Royal Victoria Infirmary Queen Victoria Road Newcastle upon Tyne**

Date Investigation Commenced

26 May 2021**1a Increased Intracranial Pressure leading to Irreversible Brain Injury****1b Thrombosis of Intracranial Venous Sinuses with secondary Haemorrhage and swelling of the Brain****1c Complications of Astra Zeneca Covid-19 Virus Vaccination****II**

I certify that in accordance with my statutory duty I have commenced an investigation into the death of the above named

Date **26 May 2021****Karen Dike****HM Senior Coroner for Newcastle upon Tyne Coroners**

The Registrar of Deaths cannot issue a Death Certificate until the Investigation has been completed

**Visit the COVID-19 Information
Centre for vaccine resources.****Get Vaccine Info**

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Menu



**FTX Funded \$18 Million Towards
Research that Claimed that
Ivermectin and
Hydroxychloroquine Didn't Work
Against COVID**



DAVIES, Sally Claire, Professor Dame

Correspondence address

Dawson Hall, Charterhouse Square, London, England, EC1M 6BQ

Role **RESIGNED**

Director

Date of birth

November 1949

Appointed on

13 August 2013

Resigned on

31 March 2020

Nationality

British

Country of residence

England

Occupation

**Chief Medical Officer
And Chief Scientific
Adviser**

UK Special Envoy on Antimicrobial Resistance

Professor Dame Sally Davies



Biography

Professor Dame Sally Davies GCB DBE FRS FMedSci is the UK Special Envoy on Antimicrobial Resistance (AMR).

Before this, she was Chief Medical Officer (CMO) for England and Chief Medical Adviser to the UK government from March 2011 to September 2019, having held the post on an interim basis since June 2010.

Dame Sally advocates globally on AMR. She is a leading figure in global health, having served as a member of the World Health Organisation (WHO) Executive Board 2014-2016, and as co-convenor of the United Nations Inter-Agency Co-ordination Group (IACG) on Antimicrobial Resistance (AMR) which reported to the United Nations Secretary General in 2019.

Dame Sally has long represented the UK internationally on the subject of AMR, most recently at the G7 Health Ministers' Meeting (2021), COP26 Summit in Glasgow (2021), and the United Nations High-Level Interactive Dialogue on AMR (2021). As CMO, Dame Sally co-led a [global campaign to bring the issue of AMR to the 71st United Nations General Assembly in New York](#), leading to 193 countries agreeing the landmark 2016 Political Declaration on AMR.

Contents

[Biography](#)

[Role](#)

[Previous roles](#)

[Announcements](#)

1. What happens to patients' data after it has been sequenced? Where will their data be stored?

Once our sequencing partner Illumina sequenced patients' whole genomes, they sent this data to Genomics England. We then stripped identifiable, personal data from this, and the de-identified genomic data is stored in our secure database, the National Genomic Research Library. Only validated researchers with express permission are allowed to access the raw data.

This data is protected to the same high standards as the data collected from the 100,000 Genomes Project.

BGI AU Contributes to Safeguarding Queensland from COVID-19

June 17, 2021 | 2021, COVID-19,
Statement



Dr. Ian Mackay, Senior Molecular Scientist,
IDL

BRISBANE, 17th Jun, 2021

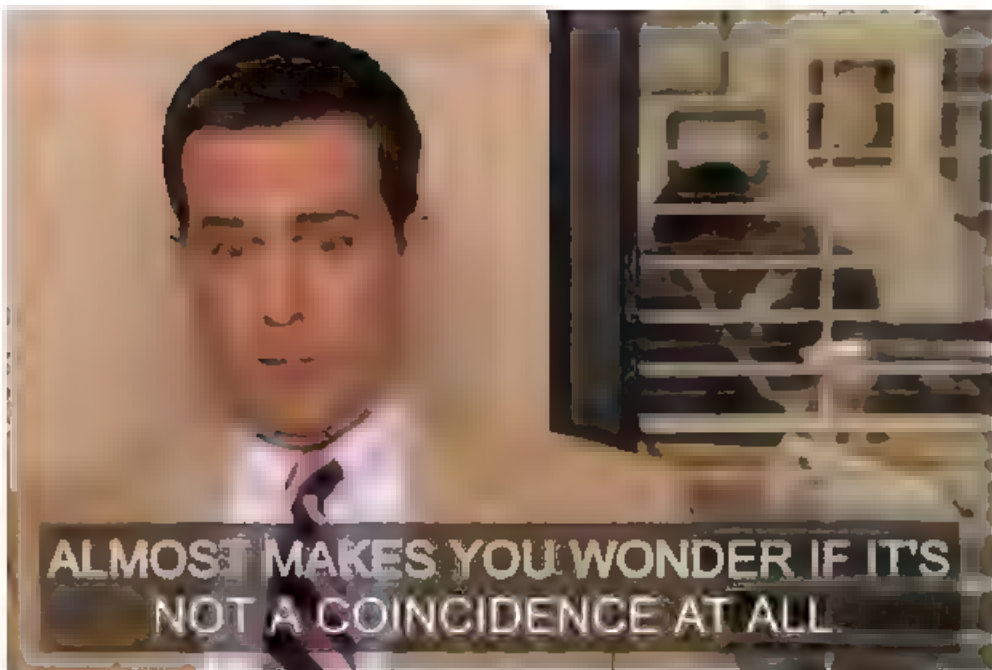
Amid the growing concern from the
emergence of the highly contagious
COVID-19 Delta variant in Victoria,



BGI's proprietary COVID-19 Testing Solution installed in the [Pathology Queensland Infectious Diseases Lab \(IDL\)](#) in Herston Health Precinct has officially started operation in April by running saliva samples that are collected from across the river city. After two weeks the lab added nasopharyngeal or oropharyngeal samples into the pipeline. The "BGI system", dubbed by the lab staff, surpassed the 10,000-test milestone in less than a month. The integrated system is expected to handle 4,700 tests daily at the maximum capacity, with a 24-hour turnaround time from swab collection at a clinic or hospital, to reported result.

Dr. Ian Mackay, the IDL's Senior Molecular Scientist said, "our approach is to establish a diverse portfolio of advanced technologies to best serve Queenslanders. We appreciate how quickly the BGI team respond to our ongoing technical needs and how efficiently the equipment and testing kits were supplied. We are handling approximately 1,100 tests per day as there is no community transmission in the Brisbane region, but the number of tests processed continues to grow and we are





Multiple Layers Improve Success

The Swiss Cheese Respiratory Pandemic Defense recognizes that it's perfect at preventing the spread of the coronavirus. Each intervention layer has holes.

Published 2020

Covid
test

Personal responsibilities

Shared responsibilities

CCP

Physical distance
stay home if sick

Hand hygiene
cough etiquette

Masking
limit your time

Ventilation outdoors
air filtration

Quarantine
and isolation

Masks

Avoid touching
your face

Hand antisepsis
testing and tracing

Government messaging
and financial support

Vaccines

BGI



Source: Adapted from Ian M. Markov (iannmarkov@uconn.edu) and James T. Reason. Illustration by Rose Wingo

What personal data we collect

The personal data that is collected and processed to operate Test programme includes:

- full name (which included first and last name)
- date of birth
- other household members
- NHS number (for English residents only - only if you know it. Wales, Scotland and Northern Ireland residents may need to provide a different local identifier, which will be specified upon registering for a test)
- employer details
- test result status (whether positive more than 90 days ago)
- NHS Login account identifier (if you access our services using your NHS login details)
- vaccination status
- date and details of COVID-19 Symptoms
- home and delivery address (including postcode)
- postcode district
- NHS number,
- national Insurance number
- phone numbers
- email address
- gender
- vehicle registration number (if booking a drive-in testing appointment)
- job title

- passenger journey details (such as recent travel history- whether you travelled overseas in the last 14 days and the country you spent most time in)
- health data (such as your test results)
- close contact details (the name and contact details of people you have been in close contact with)
- data revealing racial or ethnic origin
- genetic data
- whether you are clinically vulnerable or require additional support

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Adv Exp Med Biol. Author manuscript; available in PMC 2013 Jan 1. *Published in final edited form as:* Adv Exp Med Biol. 2013; 762: 109–130. doi: [10.1007/978-1-4614-4433-6_4](https://doi.org/10.1007/978-1-4614-4433-6_4)

PMCID: PMC3515677 | NIHMSID:

NIHMS423847 | PMID: [22975873](https://pubmed.ncbi.nlm.nih.gov/22975873/)

Cellular and Viral Mechanisms of HIV-1 Transmission Mediated by Dendritic Cells

Christopher M. Coleman, Ph.D.,

Corine St Gelais, Ph.D., and Li Wu, Ph.D.



Back
to
Top

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molecules required for interactions with CD4⁺ T cells on the DCs ([Iwasaki and Medzhitov 2004](#)). In the study of HIV-1 interactions with DCs, LPS activation of DCs is important because there is an association between gram-negative bacterial translocation and high levels of LPS in the serum and the systemic immune activation observed in chronic HIV-1 infection ([Brenchley et al. 2006](#)). In addition, there is a possibility of coinfection with gram-negative bacteria along with HIV 1 infection ([Gringhuis et al. 2010](#) ; [Hernandez et al. 2011](#)), which may facilitate HIV-1 spread by enhancing LPS-stimulated maturation of DC and, therefore, DC-mediated HIV-1 transmission to CD4⁺ T cells.

DCs and other immune cells respond to pathogens by releasing cytokin



Feedback



JOK3R @Mr_Magoo5 · 24m

...

Replying to @VikkiSpit @lettietlou05 and 7 others

this is a copy of Facebook.

we know 54 Life's have been lost. none from mRNA.

210.000 have died from the v'irus 'n the UK. If this 's your partner. I feel sorry for your lost. do you feel sorry for the 210,000 deaths from the virus. and counting. Without the the vaccine.



2



JOK3R @Mr_Magoo5 · 22m

...

Replying to @Mr_Magoo5 @VikkiSpit and 8 others

many more would have died.

could be near 1 million.



1



1. A-C G-T Analysis of Czech Genomes for Therapeutics (2018-ongoing)
2. FarGen (Denmark) (2011-ongoing)
3. France Médecine Génomique 2025 (2016-ongoing)
4. Danish National Genome Center (2019-ongoing)
5. Genome of the Netherlands (Gohli) BBMRI-UK biobank omics studies BROS (2010-ongoing)
6. Genomics England (2013-ongoing)
7. FinnGen and the Sequencing Initiative Suomi Finland (2015-ongoing)
8. Eesti biopangas Estonian Genome Project (2000-ongoing)
9. The Scottish Genomes Partnership (2015-ongoing)
10. UK Biobank (2006-ongoing)
11. National Centre for Excellence in Research in Parkinson's Disease (Luxembourg) (2015-ongoing)
12. National Center for Medical Genomics Czech national research infrastructure (2014-ongoing)
13. Genomic Medicine Sweden (2018-ongoing)
14. National contact point and network for rare diseases in Slovenia (2016-ongoing)
15. Swiss Personalized Health Network (SPHN) (2017-ongoing)
16. Welsh Genomics for Precision Medicine Strategy (2017-ongoing)
17. Northern Ireland Genomic Medicine Centre (2017-ongoing)
18. National Biobank Program, Hungary (2018-ongoing)
19. National Oncology Program, Hungary (2015-ongoing)

Public funding



Public-private funding



Dr Ah Kahn Syed Writes Arkmedic's blog 7 hr ago ❤️

Well done Maryanne, this needed saying.

I'd point out to the detractors

(i) Kevin does a great analysis of the LEVELS of modRNA in the breast milk and how they essentially amount to ONE ADULT DOSE to a neonate.

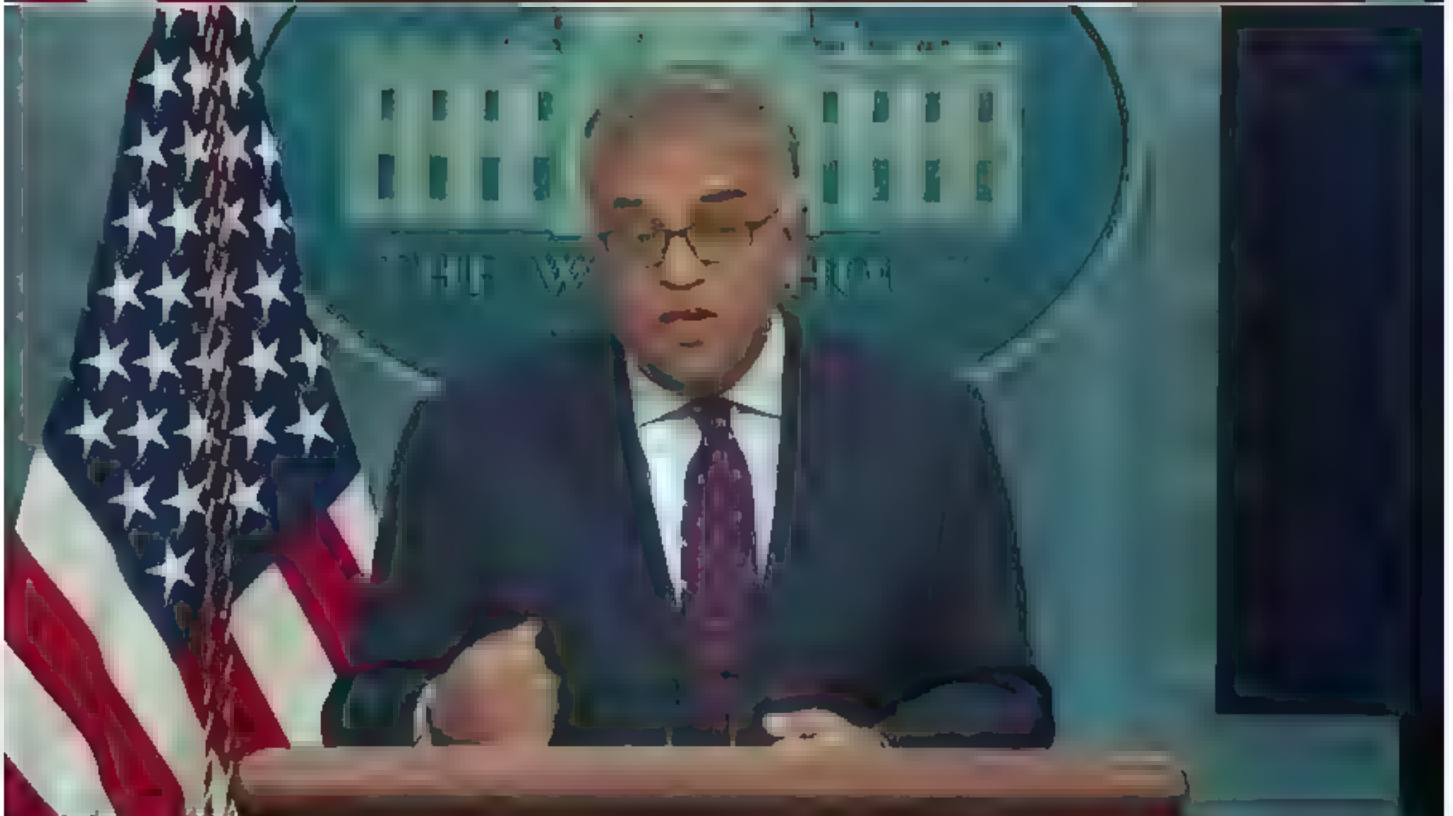
<https://anandamide.substack.com/p/nursing-the-nerf/comments>

(ii) The LNP traverses the neonatal gut (because that's what lipids do, duh) and takes the mRNA with it. Those people who think that this is naked mRNA are either deluded or intentionally disingenuous (there are many of them). Ergo, this is delivering a SYSTEMIC dose of LNP-mRNA to the neonate.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2885142/>

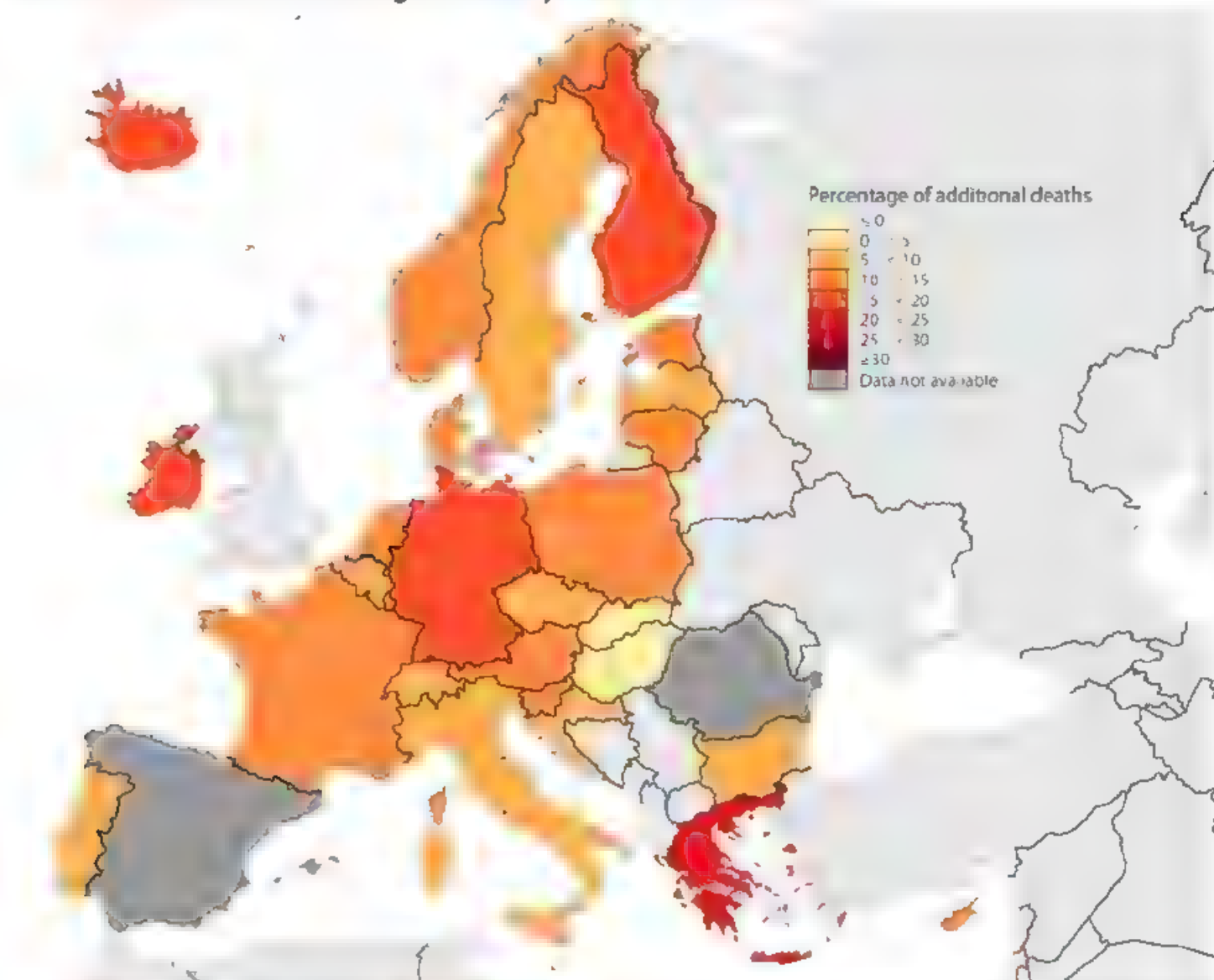
But, the mothers knew that when they consented, right?

♡ 5 Reply Collapse



Monthly Excess Mortality in August 2022

(% difference versus average monthly deaths in 2016-2019)



Excess mortality is expressed as percentage of additional mortality compared to the baseline period (2016-2019)

Source: Eurostat (online data code: demo_mexrt)


Administrative boundaries: EuroGeographics UN FAO Turkstat
Cartography: Eurostat IMAGE, 10/2022

ec.europa.eu/eurostat 

EXPRESS


NEWS ROYAL CELEBRITY TV SPORT FINANCE

Heart attack: Does skipping breakfast increase your risk?




The Daily Mail

Lonely older women at greater risk of heart attack, study shows



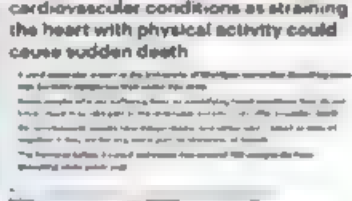
Health

Canada change could hurt babies' hearts, study says



Mail

Expert warns that shoveling snow can be a deadly way to discover underlying cardiovascular conditions as streaming the heart with physical activity could cause sudden death




THE SUNDAY TIMES

Rise in heart attacks attributed to pandemic stress and poor diet



THE IRISH TIMES

Physical activity may increase heart attack risk, study suggests




EXPRESS

Heart attack: The drink that could trigger a 'sudden' cardiac arrest - 'catastrophic'



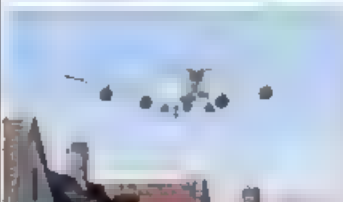
NEW YORK POST

The little-known heart attack that's striking 'fit and healthy' women as young as 22



World's Tallest

Do YOU live under a flight path? You may be at risk of a heart attack. Study finds rates are 70 PER CENT higher in noisiest areas



The Guardian

Hotter nights increase risk of death from heart disease for men in early 60s



SCIENCE

DO TWO MORE TREES DIFFERENCE BETWEEN A HEART ATTACK AND CARDIAC ARREST?



NEW YORK POST

Falling asleep with the TV on could bring early death: study



GREEN FINGERS

Urgent warning to gardeners as soil 'increases risk of killer heart disease'





On 9 Feb 2020, at 6.52 am, Drosten, Christian  wrote:

Dear All,

I am overloaded with nCoV patient-related work and will need a few days before I can work on this text.

Can someone help me with one question: didn't we congregate to challenge a certain theory, and if we could, drop it? This whole text reads as if the hypothesis was obvious, or was brought up by some external source, forcing us to respond. Is this the case? It does not seem as if this was linked to the HIV nonsense.

Who came up with this story in the beginning? Are we working on debunking our own conspiracy theory?

Christian

--

Professor Christian Drosten



From: Marion Koopmans [REDACTED] (b) (6)
Date: Sunday, 9 February 2020 at 20:07
To: "Kristian G. Andersen" [REDACTED] (b) (6), "Drosten, Christian"
[REDACTED] (b) (6), Jeremy Farrar [REDACTED] (b) (6), Edward Holmes
[REDACTED] (b) (6), "a.rambaut@ed.ac.uk" [REDACTED] (b) (6)
[REDACTED] (b) (6)
[REDACTED] (b) (6)
[REDACTED] (b) (6), Francis Collins [REDACTED] (b) (6) [REDACTED] (b) (6)
[REDACTED] (b) (6) >, Josie Golding [REDACTED] (b) (6), Mike Ferguson
[REDACTED] (b) (6)
Subject: Re: [ext] 2019 N-CoV

Wow....took off from e-mail for a day....

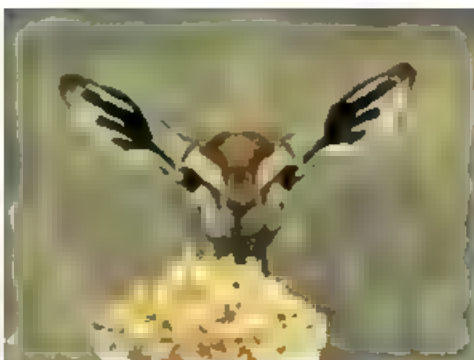
As mentioned to Jeremy, I would not be in favour of publishing something specific on the lab escape hypothesis, because I agree (with Kristian) that this could backfire. Yes, there is speculation in the public domain, triggered by several papers, including the rubbish ones. By zooming in on a specific finding that is NOT in the public domain as far as I know, I think this will generate its own conspiracy theories.

So if published, I would suggest zooming out a bit for starters, describing that one of the key challenges is where this virus came from, discuss some of the (wild) guesses out there, and then argue step by step what the challenges are in inferring this from sequence data, where you do not know exactly what the pool is that you are sampling from, so end up interpreting the needle drawn out of a haystack. Here, the many pieces of the discussion that passed by these last few days can be included, like rates of evolution and dating of possible origins; examples of cleavage site acquisition from other viruses, recombination in

coronavirus evolutionary history, possible abrupt changes in spillover events, ability to confirm or disprove things in vitro. etc

And I would leave "lab escape" for the discussion, because putting that in the public domain as a hypothesis in my view will be read as "see, they also thought so"

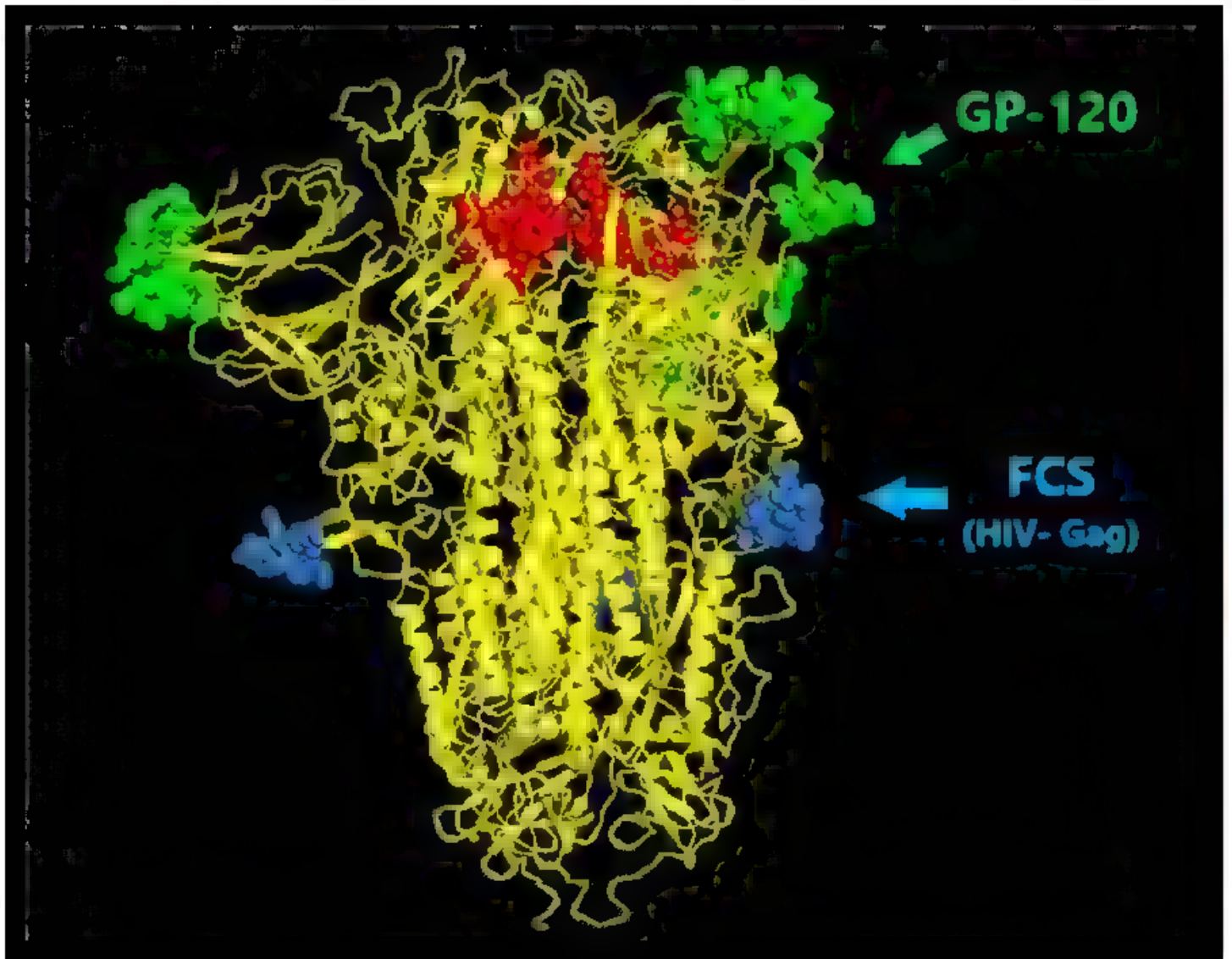
Marion



4) Redactions - When did you first learn of the existence of the furin cleavage site within the genome of SARS-CoV-2? What were the insert/backbone referred to by Marion Koopmans? Was the insert the FCS? Why were emails with the topic heading "humanized mice" redacted?

Let me '*recombine*' these queries into a single thematic question: Why did the world's leading virologists, microbiologists and top American/UK officials refrain from releasing their knowledge of the existence of the FCS when they first learned of it? The FCS is so good at increasing pathogenicity that it's the specific insertion typically added by labs worldwide for such experiments. In fact, much has been made of the omission of that specific segment of the genome in the WIV's landmark paper introducing the link connection between SARS-CoV-2 and its purported predecessor RaTG13.


What possible justifications could there have been to ignore the FCS, other than limit discussion during the early phase of their censorship? And what effect might that have had on our doctors' ability to characterize the virus?

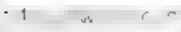
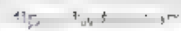




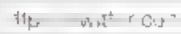
[illegible]

The image is a dark, high-contrast scan of a document page. It is mostly black with some faint, illegible markings and a vertical line of text on the right side. The text on the right side appears to be a list or index, but it is too dark to read. There are some faint, illegible markings on the left side, possibly a header or footer. The overall quality is poor, with a lot of noise and artifacts.





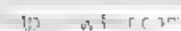
E L . 31



1 48 3 20 64 3 5



1 23 45 67 89 101112131415161718192021222324252627282930313233343536373839404142434445464748495051525354555657585960616263646566676869707172737475767778798081828384858687888990919293949596979899100101102103104105106107108109110111112113114115116117118119120121122123124125126127128129130131132133134135136137138139140141142143144145146147148149150151152153154155156157158159160161162163164165166167168169170171172173174175176177178179180181182183184185186187188189190191192193194195196197198199200201202203204205206207208209210211212213214215216217218219220221222223224225226227228229230231232233234235236237238239240241242243244245246247248249250251252253254255256257258259260261262263264265266267268269270271272273274275276277278279280281282283284285286287288289290291292293294295296297298299300301302303304305306307308309310311312313314315316317318319320321322323324325326327328329330331332333334335336337338339340341342343344345346347348349350351352353354355356357358359360361362363364365366367368369370371372373374375376377378379380381382383384385386387388389390391392393394395396397398399400401402403404405406407408409410411412413414415416417418419420421422423424425426427428429430431432433434435436437438439440441442443444445446447448449450451452453454455456457458459460461462463464465466467468469470471472473474475476477478479480481482483484485486487488489490491492493494495496497498499500501502503504505506507508509510511512513514515516517518519520521522523524525526527528529530531532533534535536537538539540541542543544545546547548549550551552553554555556557558559560561562563564565566567568569570571572573574575576577578579580581582583584585586587588589590591592593594595596597598599600601602603604605606607608609610611612613614615616617618619620621622623624625626627628629630631632633634635636637638639640641642643644645646647648649650651652653654655656657658659660661662663664665666667668669670671672673674675676677678679680681682683684685686687688689690691692693694695696697698699700701702703704705706707708709710711712713714715716717718719720721722723724725726727728729730731732733734735736737738739740741742743744745746747748749750751752753754755756757758759760761762763764765766767768769770771772773774775776777778779780781782783784785786787788789790791792793794795796797798799800801802803804805806807808809810811812813814815816817818819820821822823824825826827828829830831832833834835836837838839840841842843844845846847848849850851852853854855856857858859860861862863864865866867868869870871872873874875876877878879880881882883884885886887888889890891892893894895896897898899900901902903904905906907908909910911912913914915916917918919920921922923924925926927928929930931932933934935936937938939940941942943944945946947948949950951952953954955956957958959960961962963964965966967968969970971972973974975976977978979980981982983984985986987988989990991992993994995996997998999100010011002100310041005100610071008100910101011101210131014101510161017101810191020102110221023102410251026102710281029103010311032103310341035103610371038103910401041104210431044104510461047104810491050105110521053105410551056105710581059106010611062106310641065106610671068106910701071107210731074107510761077107810791080108110821083108410851086108710881089109010911092109310941095109610971098109911001101110211031104110511061107110811091110111111121113111411151116111711181119112011211122112311241125112611271128112911301131113211331134113511361137113811391140114111421143114411451146114711481149115011511152115311541155115611571158115911601161116211631164116511661167116811691170117111721173117411751176117711781179118011811182118311841185118611871188118911901191119211931194119511961197119811991200120112021203120412051206120712081209121012111212121312141215121612171218121912201221122212231224122512261227122812291230123112321233123412351236123712381239124012411242124312441245124612471248124912501251125212531254125512561257125812591260126112621263126412651266126712681269127012711272127312741275127612771278127912801281128212831284128512861287128812891290129112921293129412951296129712981299



1556. 1557. 1558. 1559. 1560.

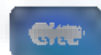
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cohort study. It is possible that miR-451a and miR-192 might not be involved in immune responses caused by vaccination with BNT162b2. By contrast, we found that miR-92a-2-5p levels were negatively correlated with local and systemic scores, and miR-148a was associated with production of specific antibodies. These data suggest that miR-92a-2-5p and miR-148a are involved in immune responses to components of BNT162b2.

miR-92a-2-5p has been identified as a biomarker for small-cell lung cancer^{35,36}, and later studies suggested that it targeted TLR2 and suppresses TLR-2-mediated liver fibrosis³⁷. Our previous microarray analysis showed that miR-92a-2-5p was a miRNA highly expressed in serum EVs of subjects¹⁴. Although the role of miR-92a-2-5p in the immune response after vaccination remains unclear, we prefer the interpretation that miR-92a-2-5p might reflect some unknown physical condition related to immune responses. Furthermore, miR-148a was associated with



Plasma *miR-92a-2* as a biomarker for small cell lung cancer



Article type: Research Article

Authors: Yu, Yalan^{a, 1} | Zuo, Jiangcheng^{a, b, 1} | Tan, Qian^a | Zar Thin, Khaing^a | Li, Ping^c | Zhu, Man^a | Yu, Mengxia^{a, d} | Fu, Zhenming^a | Liang, Chunzi^a | Tu, Jiancheng^{a, d, *}

Affiliations: [a] Department of Laboratory Medicine, Clinical Laboratory Medicine and Center for Gene Diagnosis, Zhongnan Hospital of Wuhan University, Wuhan, Hubei, China | [b] Department of Laboratory Medicine, Maternal and Child Health Hospital of Yiling, Yichang, Hubei, China | [c] Division of the Tumor Radiation and Chemotherapy, Zhongnan Hospital of Wuhan University, Wuhan, Hubei, China | [d] School of Laboratory Medicine, Hubei University of Traditional Chinese Medicine, Wuhan, Hubei, China

Correspondence: [*] Corresponding author. Jiancheng Tu, Department of Laboratory Medicine, Clinical Laboratory Medicine and Center for Gene Diagnosis, Zhongnan Hospital of Wuhan University, Wuhan, Hubei, China. Tel: +86 27 6781 2989, Fax: +86 27 6781 2989, E-mail: jianchengtu@whu.edu.cn

Note: [1] These authors contributed equally to this work

Abstract: MicroRNAs (miRNAs) are small, non-coding RNAs that play important roles in the carcinogenesis and progression of cancers. Aberrant expression of miRNAs in tissue and plasma has been found in various solid tumors. Our research aims to determine whether the abnormal plasma miRNA expression patterns can be used as a predictive marker for the diagnosis and prognosis of small cell lung cancer (SCLC). Fifty SCLC patients and 30 healthy controls annotated with clinical characteristics and specific questionnaire survey for smoking history were available. Quantification of several miRNAs (miR-20a-5p, miR-92a-2-5p and miR-17-5p) was performed using quantitative real-time polymerase chain reaction (qRT-PCR), and results were analyzed using SPSS statistics 17.0. Plasma miR-92a-2 level was significantly higher in

unpack the data — and already it's very bad. More than 5 billion people have been injected with at least one dose of a COVID vaccine — so if we extrapolate a 6% heart injury/hospitalization rate from Steve Kirsch's famous survey, that works out to 300 million people.

300 million people with heart injuries.

If the brilliant and brave Dr. Robert Malone is correct that a majority of vaccinated people have *undiagnosed myocarditis*, that would mean *3 billion people* are at serious risk of sudden cardiac death.



From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 1 Feb 2020 12:29:01 +0000
To: Auchincloss, Hugh (NIH/NIAID) [C] [REDACTED]
Cc: [REDACTED]
Subject: IMPORTANT
Attachments: Baric, Shi et al - Nature medicine - SARS Gain of function.pdf

Hugh:

It is essential that we speak this AM. Keep your cell phone on. I have a conference call at 7:45 AM with Azar. It likely will be over at 8:45 AM. Read this paper as well as the e-mail that I will forward to you now. You will have tasks today that must be done.

Thanks,

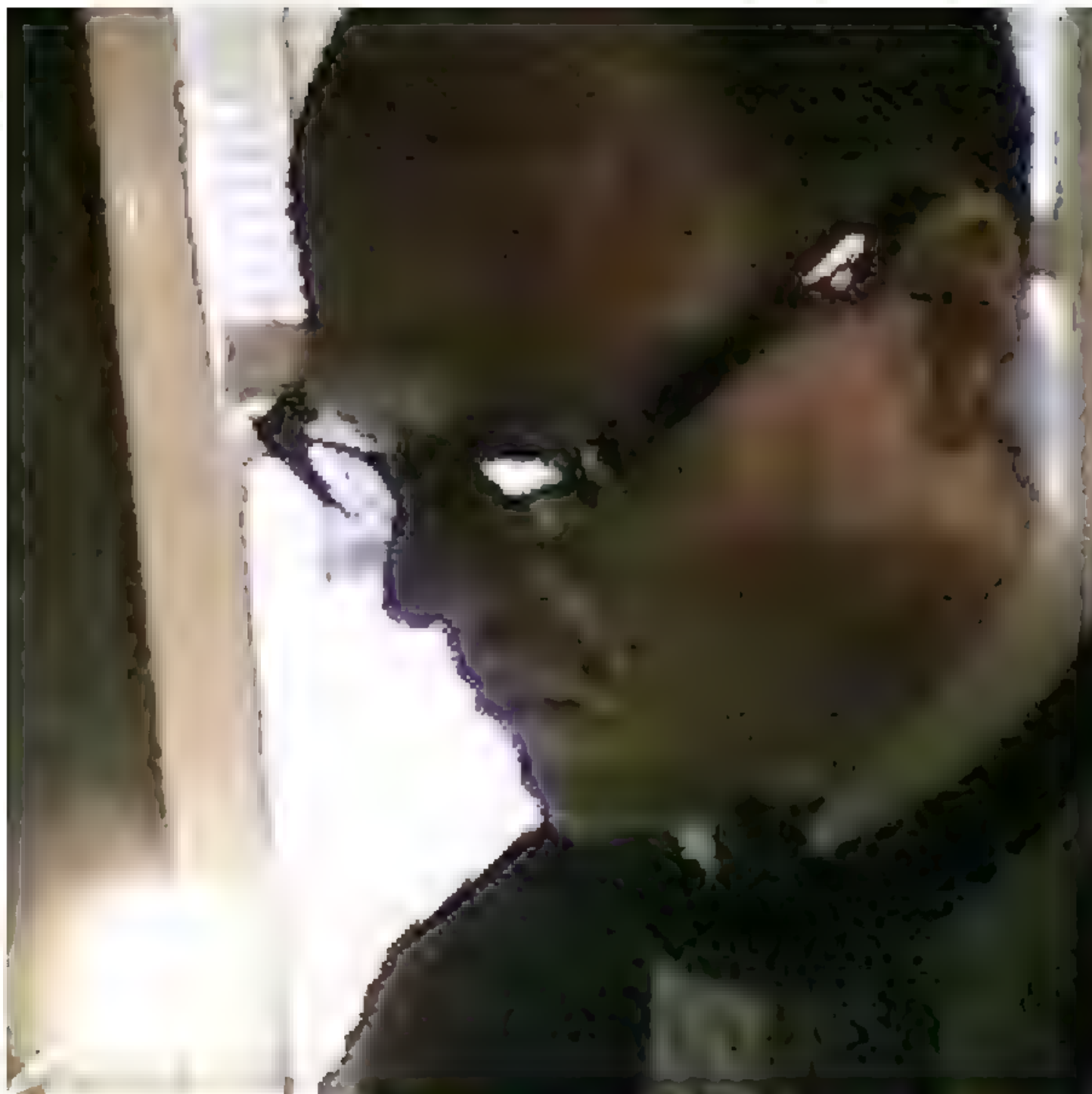
Tony

Anthony S. Fauci, MD
Director
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National Institutes of Health
Bethesda, MD 20892-2520
Phone: [REDACTED]
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E-mail: [REDACTED]

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Magdy el-Nashar, who had been held by British authorities because he knew the London attackers, talks in Cairo Tuesday after being detained for three weeks. Nasser Nouri / AP



In retrospect, we ignored the warnings for decades.



First they did	the research
And...	
Then they claimed...	the reverse
Then they began...	to rehearse
Then they simulated...	each hypothetical
Then they sounded...	prophetical
Then they discussed...	the FURIN cleavage site
Then they proceeded...	to gaslight
Then they denied...	its existence
Then they gaslighted...	resistance
Then they removed...	liability
Then they assured...	accountability
Then they called...	for urgency
Then they declared...	an emergency
Then they said...	"2 weeks to clear the spread"
Then they simply...	did whatever they wanted instead
Then they realized...	how much money they could spend
Then they miraculously...	didn't want it to end
Then they absolved...	Big Pharma
Then they said...	it was nature's Karma
Then they ignored...	the science
Then they demanded...	compliance
Then they punished...	defiance
Then they enriched...	their clients
Then they suppressed...	dissent
Then they deformed...	consent

NEWS PUNCH

Top Virologist Who Voted for Vaccine Mandates Dies 'Suddenly and Unexpectedly'

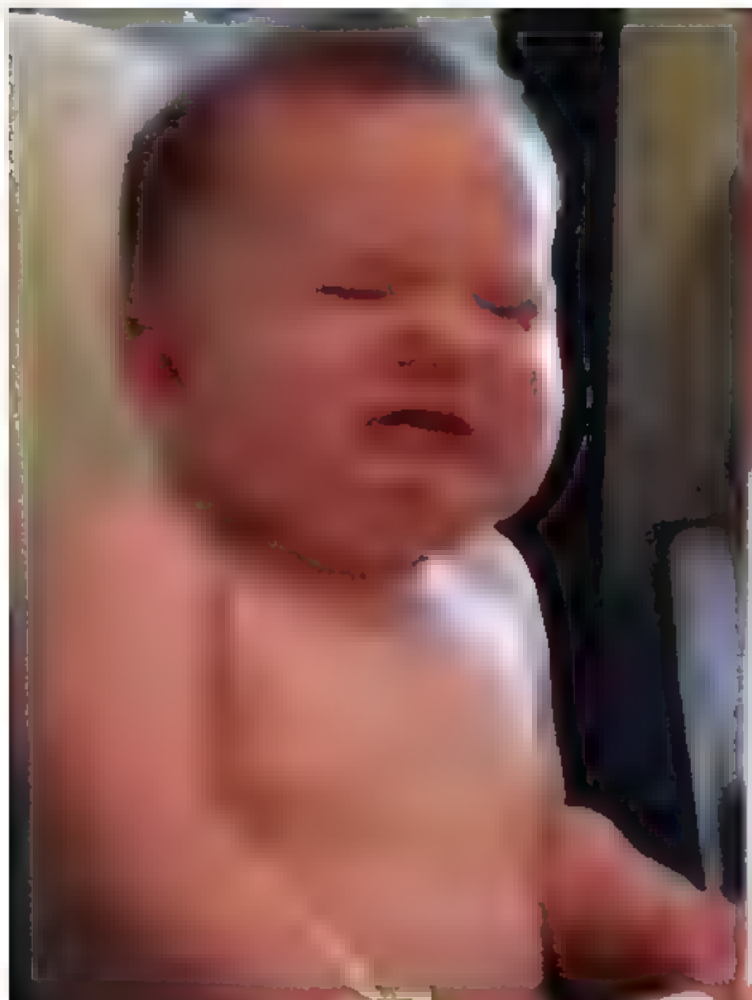
By [unreadable]

November 23, 2022



A top virologist who advocated for vaccine mandates in America died "suddenly and unexpectedly" last week.

Dr. Almyra Oveta Fuller, an associate professor of microbiology and immunology at the University of Michigan, died Friday at the age of 67.



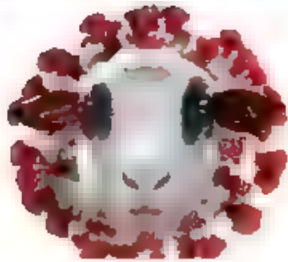


Mark Parisi: Permission required for use

AND JUST LIKE THAT EVERY
VAX COMPANY FOUND THE CURE



AT THE SAME TIME



echo chamber

[ek-oh cheym-bar] [SHOW IPA](#)

noun

a room or other enclosed space that amplifies and reflects sound, generally used for broadcasting or recording echos or hollow sound effects

open-air echo chamber
the echo chamber of the media

an environment in which the same opinions are repeatedly voiced and promoted, so that people are not exposed to opposite views

the echo chamber of the media
the echo chamber of the media
the echo chamber of the media



fact

[fakt] [SHOW IPA](#)

See synonyms for: **fact** / **facts** on Thesaurus.com

noun

- 1 something that actually exists, reality, truth

fact: ears love ears, ears love fact

- 2 something known to exist or to have happened

Space travel is now a fact.

a truth known by actual experience or observation

something known to be true

Scientists gather facts about planetary growth.

something said to be true or supposed to have happened

[Top](#) [Latest](#) [People](#) [Photos](#) [Video](#)[Top](#) [Latest](#) [People](#) [Photos](#) [Video](#)

JOK3R@msn.com
 Replying to: **BVilings**
 6632187 and 48 others
 All I want to know, can you tell me
 how a vaccine work.

JOKER @ [https://www.facebook.com/joker.official.1](#)
Replying to @twocentrat
I take it you don't know how
vaccine work. 🤔🤔🤔

Has all vaccine work the same way and point. Yes I would agree.

JOK3R
Replying to @Mr. Mac
each published and 48 other
I see you ignored this question

Replying to @MickGardner and 49 others:
You just using the word poison. Tell me how uneducated you are. Do tell me how does a vaccine work

JOK3R1512 **Nagoo**
Replying to **RTSagwa**
@ryanised and 48 others
Std is back how does a vaccine
work mate 🤔

Replying to @BryceV15
@provakawari and 47 others
How do vaccine work

JOKER (M) WAGGON
Replying to @SEDESTE
@Hawke and others
How do vaccine work

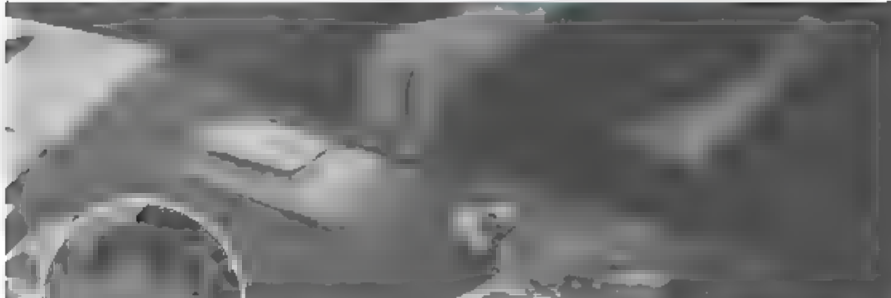
JOKER @a: Magoo - 21 Oct
Replying to @TheOtherBob:
@NathanSelling and 40 others
How do vaccine work mate, you
still not answered the question.
Vaccine are not drugs dippy.

10K38
Replying to 5
and 47 others
So how do vaccine work

JOK3R @Mr. Rogers #221931
Replying to @Mr. Rogers and 47 others
Two questions stalker how does
vaccine work

**Presumably Humor**

23K Tweets

**Follow****Presumably Humor**

@OXHarryH1

Nobody cares. Economist. Bruins! Buffs! Terps! Tritons! I've 'acted' in too many Roger Corman films.

Joined November 2016

545 Following 229 Followers

Not followed by anyone you're following

Tweets

Tweets & replies

Media

Likes

**Presumably Humor** ... @OXHarry... · Sep 19 ...

Interesting disconnect. So much more to learn here.

twitter.com/DFisman/status..

**SUBSCRIBE TO MY ...** @Taylor... · 9

Despite what this article implies, our current vaccines do not prevent long covid. Vaccines





I wasn't legally allowed
to take the vaccine

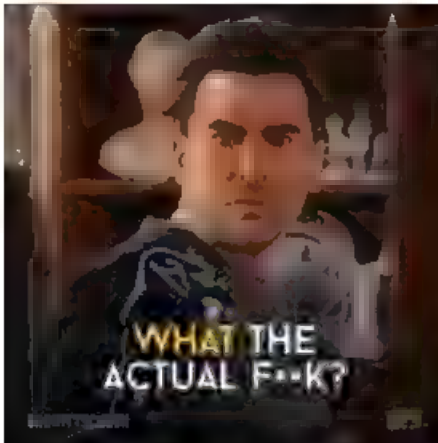
PROXIMAL
1st Dorsal

By whom 73-77
In whose Lab 77
↓

The acquisition of furin cleavage sites have also been observed after repeated passage of betacoronaviruses in tissue culture (personal correspondence and NASEM call February 3, 2020)

SALE
MER
SHAP-LIKE

Whose 2



To Congress, & to the Biden Administration,

To the left are my great-grandfather grandfather & my uncles. I added them here for emphasis, because it's important to understand that the big-picture implications in *The Myth of the Blind Watchmaker* are real & serious. It's against that backdrop that I am compelled to stand up & speak truth to power.

In late January & early February of 2020, Anthony Fauci, Francis Collins & Kelvin Droegemeier spent far more time shaping the SARS-CoV-2 origin narrative than preparing for the actual pandemic. Immediately following the release of a scientific pre-print from India that noted HIV 1 inserts in the SARS-CoV-2, immediate action was taken to suppress awareness of those inserts and of the furin cleavage site.

There was *no action* taken to alert medical personnel of the existence of the furin cleavage site the insert that made SARS-CoV-2 one of the most infectious viral pathogens in human history. This fateful decision is both the most obvious & the least known pandemic failure amongst the citizens of the world, it delayed the global response and erased any chance of preventing what followed.

The symptoms of Long COVID are the harvest we're now reaping from the seeds sown over the course of a single week in late January & early February of 2020, via decisions made by the officials entrusted to protect us. They chose to protect themselves. This is true no matter whether SARS-CoV-2 came from a bat or the hands of a master craftsman.

There is no national security interest that rises above the need for justice for a million American victims of the COVID-19 pandemic—regardless of who is to blame for its emergence. There is no public health statute that allows for censorship as a means of *obstruction of justice*, which is exactly how the practice has been employed. You cannot violate the Constitution under any law, much less as a means to avoid prosecution for violating some other law.

Here, on Memorial Day, 4 of those 5 men pictured observe Capitol Hill from the slope below Lee House hill in Arlington National Cemetery. Neither they nor the million dead Americans can voice their disgust, so I must speak for them. So be it.



C. H. Rixey
2004-2018
Operation Iraqi Freedom

Samuel H. Rixey

Samuel H. Rixey

© C. H. Rixey, 2022
FurinCleavageSite.org
SARS-CoV-2

3 DRASTIC

Dear Colleagues,

RE: [REDACTED] – VACCINATION DEATH

We advise that we act on behalf of [REDACTED], the widow of [REDACTED] who died on [REDACTED] 2021 following vaccination with the Pfizer Comirnaty vaccine

We are authorised by our client to provide you with a copy of the Autopsy Report dated 2 [REDACTED] 2021.

We note the comments and conclusion on pages 4 and 5 of the Report and particularly the possible therapeutic implication for future cases.

Yours faithfully,

[REDACTED]





The data presented herein, poses an interesting question, is the fear mongering around vaccines causing many of these perceived side effects by inducing unnecessary stress in vulnerable people? Is the movement and character of anti-vaccination information that may strike fear into the general population causing anxiety and vascular constriction resulting in pathologies such as dizziness, hypernea, fainting, blood clotting, stroke and heart attack? The science discussed here clearly establishes that anxiety and fear causes vasoconstriction disorders, and that a particular movement that is trying to save people with a profound lack of scientific and medical training (the anti-vaccination movement) from vaccine side effects may actually be the entity causing the majority of side effects.

Overview

MAURO VACCAREZZA graduated in Medicine with honors at the University of Genoa Medical School in July 1991.

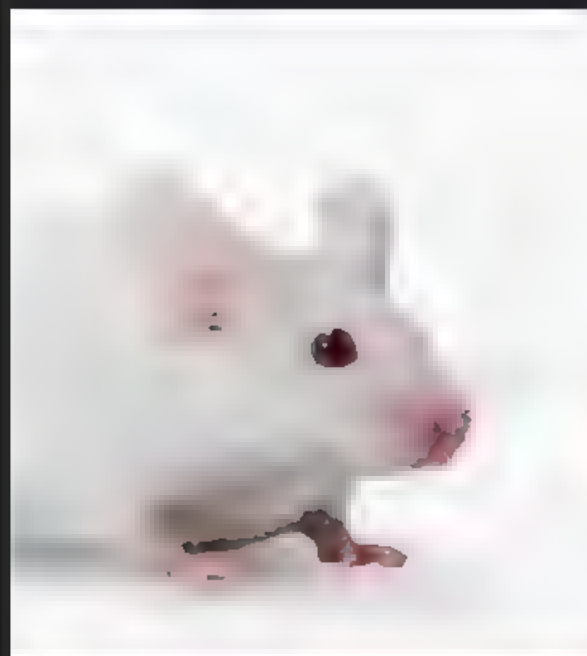
Visiting Fellow at the National Institute of Allergy and Infectious Diseases (NIAID), Laboratory of Immunoregulation (Director: Prof. Dr. A.S. Fauci), National Institutes of Health Bethesda, USA, from February 1992 to January 1997.

Visiting Associate at the same affiliation from February 1997 to February 1999.

NIH Staff Award Winner in 1998.

BALB/c

Rodents



BALB/c is an albino, laboratory-bred strain of the house mouse from which a number of common substrains are derived. Now over 200 generations from New York in 1920, BALB/c mice are distributed globally, and are among the most widely used inbred strains used in animal experimentation.

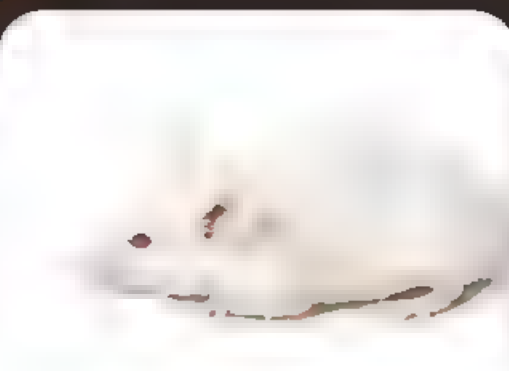
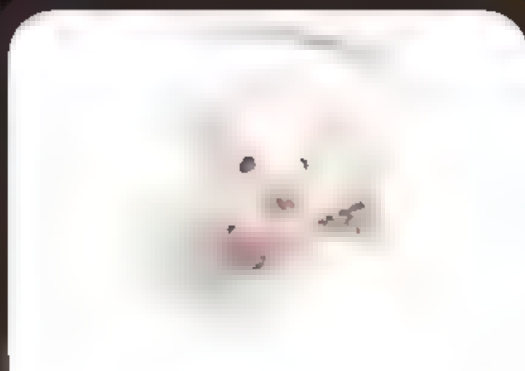
[Wikipedia](#) >

Scientific Name

Mus musculus

Higher Classification

House mouse





OTTAWA SCHOOL BOARD TO RESUME MASK DEBATE

RE KIDS PER DAY THAN LAST YEAR - MAKING IT ONE OF THE

Be very carefull in the
morning wording.

«Engineered» probably
not

Jeromy Farrar

Fauci

Kristian Andersen





nonipbliss
@nonipbliss

...

Replying to @TheJikky and @PetaRevera

Nice lol





EUROPE: Excess Deaths 2022 from June 26 to Nov 20


Higher than in 2020 and 2021, and Non Covid higher than Covid deaths



Table 3. Classification of sample based on IC₅₀ or CC₅₀.^a

IC ₅₀ or CC ₅₀		Criteria
Isolated compound	Extract	
< 1 µM	–	Excellent or potent activity
1–20 µM	< 10 µg/mL	Good activity or very strong cytotoxicity
20–100 µM	10–50 µg/mL	Moderate activity
–	10–100 µg/mL	Strong cytotoxicity
100–200 µM	50–100 µg/mL	Low activity
> 200 µM	> 100 µg/mL	Inactive
–	100–500 µg/mL	Moderate cytotoxicity



Scripps Research  @scrippsresearch Mar 17, 2020

...

By studying [#genome](#) sequence data for known [#coronavirus](#) strains, @K G Andersen at Scripps Research helps track the evolution of [#SARSCoV2](#) and shows that it originated through natural processes [scripps.edu/news-and-event.](#) . @NatureMedicine #COVID19 #2019nCov @arambaut



2

42

57



Scripps Research 

@scrippsresearch

...

Replying to @K G Andersen @dmaccannell and 2 others

The 007 of genomics

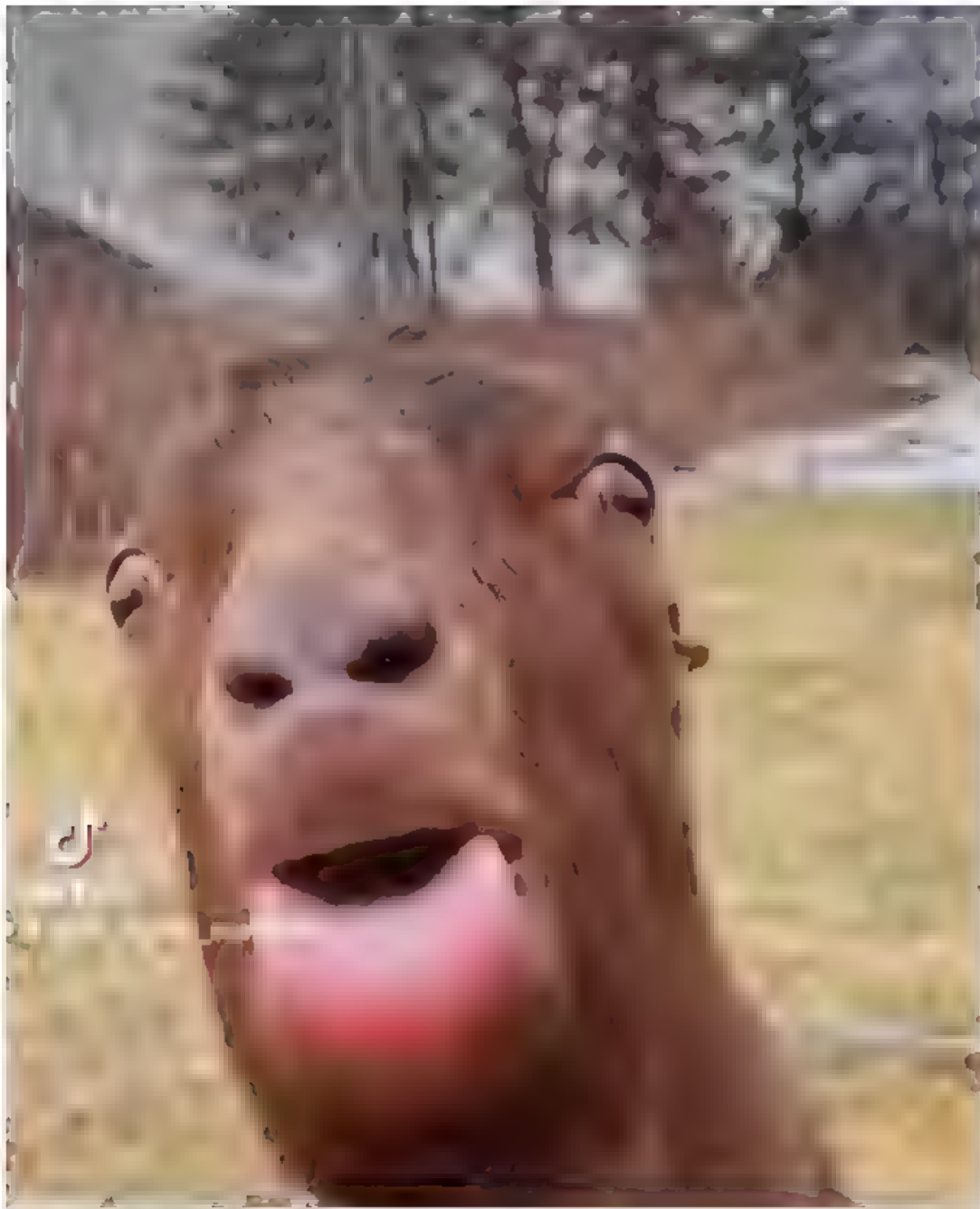
11:54 PM Mar 17, 2020 · Twitter for iPhone



Lads on Tour

A twitter space:
Thu 24 Feb 9pm

Graham "Swaledale" Bottley, Brent Lee
Dr Ivor Mectin, Stars of Covid



All we get from the
Muttons Crew

JP 2015518816-A/1195: MODIFIED POLYNUCLEOTIDES FOR THE PRODUCTION OF ONCOLOGY-RELATED PROTEINS AND PEPTIDES

Sequence ID: [HZ240891.1](#) Length: 1405 Number of Matches: 2

Range 1: 167 to 1405 [GenBank](#) [Graphics](#)

[▼ Next Match](#)

Score	Expect	Identities	Gaps	Strand
2235 bits(2478)	0,0	1239/1239(100%)	0/1239(0%)	Plus/Plus
Query 550	CTC GGC C TGC AGGAAC CTCTTC GGC C CGG TGGAC CAC GAAGAG TTAAC CCG GGA C TT GGA	609		
Subject 167	CTC GGC C TGC AGGAAC CTCTTC GGC C CGG TGGAC CAC GAAGAG TTAAC CCG GGA C TT GGA	226		
Query 610	GAA GCA C TGC AGAGAC ATGGAAGAGGC GAGCC AGC GC AAG TGGAA TTT C GA TTT C AGAA	669		
Subject 277	GAA GCA C TGC AGAGAC ATGGAAGAGGC GAGCC AGC GC AAG TGGAA TTT C GA TTT C AGAA	286		
Query 670	TCAC AAAC C C C TAGAGGG C AAG TAC GAG TGC C AAGAGG TGG AAGAGGG AGC TTGCC CGA	729		
Subject 287	TCAC AAAC C C C TAGAGGG C AAG TAC GAG TGG C AAGAGG TGG AAGAGGG AGC TTGCC CGA	346		
Query 730	GTTC TAC TAC AGAC C C CCGCGGCC C C CCAAAGG TGCC TGCAAGGTGCC GGC G CAGGAGAG	789		
Subject 347	GTTC TAC TAC AGAC C C CCGCGGCC C C CCAAAGG TGCC TGCAAGGTGCC GGC G CAGGAGAG	406		
Query 790	CCAGGATGTC AGC GGGAGCCGC CCGCGGCC C TTTAAT TGGGGTCC GGC TAAC TC TGA	849		
Subject 407	CCAGGATGTC AGC GGGAGCCGC CCGCGGCC C TTTAAT TGGGGTCC GGC TAAC TC TGA	466		
Query 850	GGACACGC ATTTGG TGGAC CCAAAGACTGATCGTCGGACAGCC AGAC GGGGTTAGC GGA	909		
Subject 467	GGACACGC ATTTGG TGGAC CCAAAGACTGATCGTCGGACAGCC AGAC GGGGTTAGC GGA	526		
Query 910	GCAATGCGCAGGAATAAGGAAGCGAC CTGC AAC C GAC GAT TCTTC TAC TCAAAACAAAAG	969		
Subject 527	GCAATGCGCAGGAATAAGGAAGCGAC CTGC AAC C GAC GAT TCTTC TAC TCAAAACAAAAG	586		
Query 970	AGC C AAC AGAAC AGAAGAAAATGT TTTACACGGT TCC CCAATGCC GGTTC TGTGGAGCA	1029		
Subject 587	AGC C AAC AGAAC AGAAGAAAATGT TTTACAGACGGT TCC CCAATGCC GGTTC TGTGGAGCA	646		
Query 1030	GACGCC C AAGAAGCC TGGCCTC AGAAGACGTC AAACCTAAACAGCTCGAATTAAGAATAT	1089		
Subject 647	GACGCC C AAGAAGCC TGGCCTC AGAAGACGTC AAACCTAAACAGCTCGAATTAAGAATAT	706		
Query 1090	GTTTCC C TTGTTTATCAGATACATCAC TGC TTGATGAAGCAAGGAAGATATACATGAAAAT	1149		
Subject 707	GTTTCC C TTGTTTATCAGATACATCAC TGC TTGATGAAGCAAGGAAGATATACATGAAAAT	766		
Query 1150	TTTAAAAATACATATC GCTGAC TTCATGGAATGGACATCCTGTATAAGCAC TGAAAAACA	1209		
Subject 767	TTTAAAAATACATATC GCTGAC TTCATGGAATGGACATCCTGTATAAGCAC TGAAAAACA	826		
Query 1210	ACAACAC AATAACAC TAAAA TTTTAGGC ACTC TTAATGATCTGCC TC TAAAAGC GT TGG	1269		
Subject 827	ACAACAC AATAACAC TAAAA TTTTAGGC ACTC TTAATGATCTGCC TC TAAAAGC GT TGG	886		

Query	1210	ACAACACAAATAACAC TAAAATTTTAGGCAC TCTTAAATGATCTGCC TCTAAAAGCGTTGG	1269
Sbjct	827	ACAACACAAATAACAC TAAAATTTTAGGCAC TCTTAAATGATCTGCC TCTAAAAGCGTTGG	886
Query	1270	ATGTAGCATTATGCAATTAGGTTTTTCTTATTTGCTTCATTGTACTACCTGTGTATATA	1329
Sbjct	887	ATGTAGCATTATGCAATTAGGTTTTTCTTATTTGCTTCATTGTACTACCTGTGTATATA	946
Query	1330	GTTTTTACCTTTTATGTAGCACATAAAC TTTGGGGAAGGGAGGGCAGGGTGGGGC TGAGG	1389
Sbjct	947	GTTTTTACCTTTTATGTAGCACATAAAC TTTGGGGAAGGGAGGGCAGGGTGGGGC TGAGG	1006
Query	1390	AACTGACGTGGAGCGGGGTATGAAGAGCTTGCTTTGATTTACAGCAAGTAGATAAATATT	1449
Sbjct	1007	AACTGACGTGGAGCGGGGTATGAAGAGCTTGCTTTGATTTACAGCAAGTAGATAAATATT	1066
Query	1450	TGACTTGCATGAAGAGAAGCAATTTTGGGGAAGGGTTTGAATTGTTTCTTTAAAGATGT	1509
Sbjct	1067	TGACTTGCATGAAGAGAAGCAATTTTGGGGAAGGGTTTGAATTGTTTCTTTAAAGATGT	1126
Query	1510	AATGTCCCTTTTCAGAGACAGCTGATAC TTTTCTTCTTCAAAAAATTTGAACACT	1569
Sbjct	1127	AATGTCCCTTTTCAGAGACAGCTGATAC TTTTCTTCTTCAAAAAATTTGAACACT	1186
Query	1570	GGCTAAAGATAATTGCTATTTATTTTACAGAAGTTTATTCTCATTTGGGAGATCTGGT	1629
Sbjct	1187	GGCTAAAGATAATTGCTATTTATTTTACAGAAGTTTATTCTCATTTGGGAGATCTGGT	1246
Query	1630	GATCTCCCAAGCTATCTAAAGTTTGTTAGATAGCTGCATGTGGCTTTT TAAAAAAGCAA	1689
Sbjct	1247	GATCTCCCAAGCTATCTAAAGTTTGTTAGATAGCTGCATGTGGCTTTT TAAAAAAGCAA	1306
Query	1690	CAGAAACCTATCTCACTGCCCTCCCCAGTCTCTCTTAAAGTTGGAATTTACCAGTTAAT	1749
Sbjct	1307	CAGAAACCTATCTCACTGCCCTCCCCAGTCTCTCTTAAAGTTGGAATTTACCAGTTAAT	1366
Query	1750	TACTCAGCAGAATGGTGATCACTCCAGGTAGTTTGGGGC	1788
Sbjct	1367	TACTCAGCAGAATGGTGATCACTCCAGGTAGTTTGGGGC	1405

Range 2: 1 to 172 [GenBank](#) [Graphics](#)

[▲ Previous Match](#) [▲ First Match](#)

Score	Expect	Identities	Gaps	Strand
311 bits(344)	1e-82	172/172(100%)	0/172(0%)	Plus/Plus
Query	103	ACGGCTCTGCGACTCCGACGCCGGCAAGGTTTGGAGAGCGGC TGGGTTCGCGGGACCCGC	162	
Sbjct	1	ACGGCTCTGCGACTCCGACGCCGGCAAGGTTTGGAGAGCGGC TGGGTTCGCGGGACCCGC	60	
Query	163	GGGCTTGCAACCGCCAGACTCGGACGGGCTTTGCCACCCCTCTCCGCTTGCTTGGTCCCC	222	
Sbjct	61	GGGCTTGCAACCGCCAGACTCGGACGGGCTTTGCCACCCCTCTCCGCTTGCTTGGTCCCC	120	
Query	223	TCTCCCTCTCCGCCCTCCCGCTCGCCAGTCCATTGATCAGCGGAGACTCGGC	274	
Sbjct	121	TCTCCCTCTCCGCCCTCCCGCTCGCCAGTCCATTGATCAGCGGAGACTCGGC	172	

JP 2015518816-A/1195: MODIFIED POLYNUCLEOTIDES FOR THE PRODUCTION OF ONCOLOGY-RELATED PROTEINS AND PEPTIDES

Sequence ID: [HZ240891.1](#) Length: 1405 Number of Matches: 2

Range 1: 167 to 1405 [GenBank](#) [Graphics](#)

▼ Next Match ▲ Previous Match

Score	Expect	Identities	Gaps	Strand
2235 bits(24/78)	0.0	1239/1239(100%)	0/1239(0%)	Plus/Plus
Query 550	CTCGGCC	TGCAGGAACCTCTTCGGCCCGGTGGACCACGAAGAGTTAACCCGGGACTTTGGA	689	
Sbjct 167	CTCGGCC	TGCAGGAACCTCTTCGGCCCGGTGGACCACGAAGAGTTAACCCGGGACTTTGGA	226	
Query 610	GAAGCAC	TGCAGAGACATGGAAGAGGCGAGCCACCGCAAGTGGAAATTTTCAATTTTCAAGAA	669	
Sbjct 227	GAAGCAC	TGCAGAGACATGGAAGAGGCGAGCCACCGCAAGTGGAAATTTTCAATTTTCAAGAA	286	
Query 670	TCACAAACCC	TAGAGGGCAAGTACGAGTGGCAAGAGGTGGAGAAGGGCAGCTTGCCCCGA	729	
Sbjct 287	TCACAAACCC	TAGAGGGCAAGTACGAGTGGCAAGAGGTGGAGAAGGGCAGCTTGCCCCGA	346	

hCDKN1B
Moderna



Anonymous (ID: [REDACTED]) 12/09/20(Wed)11:22:55 No: 295621351

>>295621805 >>295622149 >>295622168 >>295622241 >>295622293 >>295622302
>>295622410 >>295622483 >>295622603 >>295622714 >>295623062 >>295623489
>>295623736 >>295623741 >>295623779 >>295624089 >>295624289 >>295624304
>>295624495 >>295625215 >>295625376 >>295627106 >>295627673 >>295627677
>>295628182 >>295628849 >>295628850 >>295628933 >>295630160 >>295630241
>>295630390 >>295630440 >>295630981 >>295631051 >>295631178 >>295631283
>>295631296 >>295631786 >>295632341 >>295632357 >>295632419 >>295632739
>>295632768 >>295632904 >>295633435 >>295633483 >>295633648 >>295633858
>>295633918 >>295634022 >>295634536 >>295634636

I'm an industrial engineer at Moderna and the other one of us is a process development engineer. I'm sure the same thing is happening with Pfizer BioNTech... it was hard to put things together based on the small quantities of additions happening in a manual step (highly unorthodox for a continuous process production). The explanation we got was highly sensitive trade secret adjuvants being added. Digging in deeper showed how sensitive it actually was.

Most people's understanding of this novel vaccine type is that it works as follows:

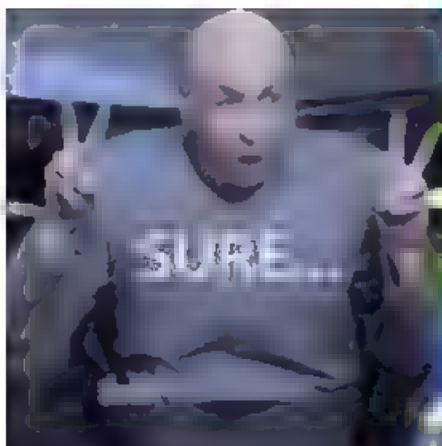
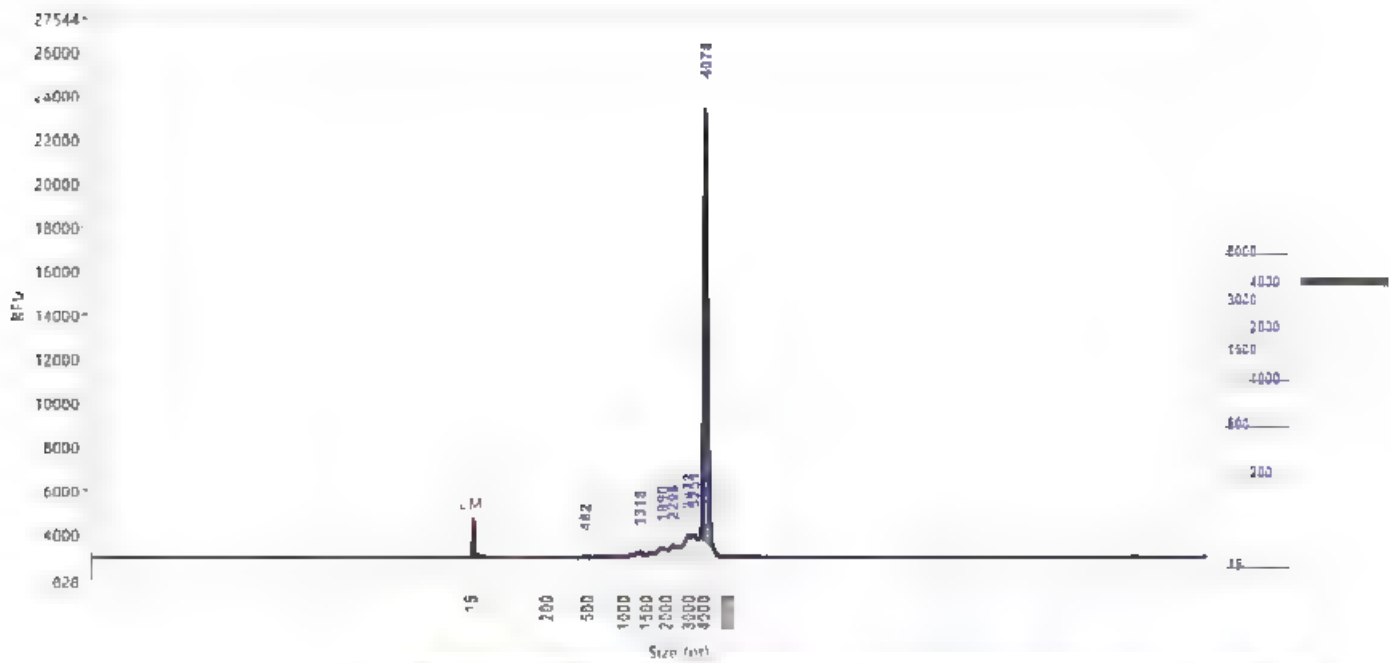
1. Make mRNA coding for S protein
2. Make lipid nanoparticle delivery system
3. Profit

How it actually works from what we've uncovered:

1. Make mRNA coding for S protein
2. Make mRNA coding for mutant versions of CYP19A1 and CDKN1B in smaller amounts
3. Make sure that while delivery system for (1) mostly ends up in liver, most of (2) ends up in the gonads
4. Make sure form and quantity of additive upregulating LINE-1 reverse transcription activity makes it hard to detect among legit adjuvants
5. Effects from (2) integrated by (4) are recessive, mildly oncogenic effects in vaccine recipients unlikely to be noticed for many years
6. (5) recessive but since most of population vaccinated, in next generation female offspring have premature ovarian failure

6) coincides with poor people being obsoleted by AI and robotics, so we didn't have to dig for motivation.

We've taken precautions but fear for our safety. So far I don't think we've raised suspicion, but can't be sure. Not sure what to do. Avoiding taking the vaccine makes us prime suspects for this leak.



Name	PubMed "Coronavirus"	
	Pre-January 2020	Total Coronavirus Papers
Baric, R	167	265
Shi, ZL	28	55
Daszak, P	20	32
Lipkin, WI	16	23
Holmes, EC	15	50
Rambaut, A	10	37
Garry RF	5	11
Andersen, KG	0	7

Trending News Russia-Ukraine war 2022 Midterm electric

BGI has been on the forefront of testing for SARS-CoV-2. Following the outbreak of the novel coronavirus in China, BGI was among the first few companies to have developed diagnostic tests that received emergency approval from China's National Medical Products Administration (NMPA) on January 26, 2020, followed by CE-IVD marking on March 2, 2020. BGI currently has a daily manufacturing capacity of 600,000 reactions and is actively scaling up to meet rapidly growing global demand. As of March 22, BGI has produced a total of 4.72 million tests. The company has performed

BGI's Real-Time Fluorescent RT-PCR Kit for Detecting SARS-2019-nCoV is the first FDA-approved product manufactured in China. It is also BGI's first FDA-approved medical device.

BGI is bringing its full genomics expertise and resources to the fight against the 2019 novel coronavirus throughout the world. BGI's long history of timely response to public health crisis events dates back to 2003, when the company decoded the genome of the SARS coronavirus and developed the virus detection kit within 96 hours.

Pre-Elon



If you don't like it then go make your own Twitter



Twitter is a private company it can do whatever it wants



The Government must not regulate private companies



Twitter doesn't even matter in real world. Only a small fraction of the population uses twitter



"no problem with billionaires owning twitter"

Post-Elon



It's impossible to make our own Twitter. Twitter under ownership of Elon must abide by our hate speech rules



twitter cannot do whatever it wants. Its literally fascist and killing people



Government must regulate and breakup Twitter to stop it becoming a platform for hate



An evil billionaire is taking over the largest mainstream internet media. Twitter is the public marketplace of ideas



Elon the billionaire buying twitter instead of solving world hunger is literally so selfish



China CDC

Division

Global Health

Date

JULY 2020

Region served

GLOBAL +1

Committed amount

\$1,800,000

Grant topic

Malaria

Duration (months)

42

Grantee location

Beijing, Beijing, China



China CDC

Division

**Global Policy and
Advocacy**

Date

NOVEMBER 2020

Region served

GLOBAL +1

Committed amount

\$750,000

Grant topic

Tobacco Control

Duration (months)

36

Grantee location

Beijing, Beijing, China

Figure 5
Projected cardiology waiting list in England

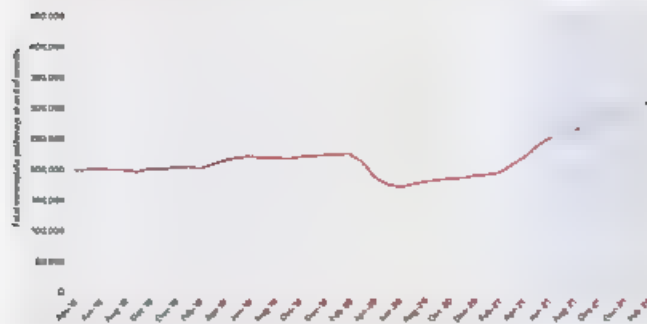
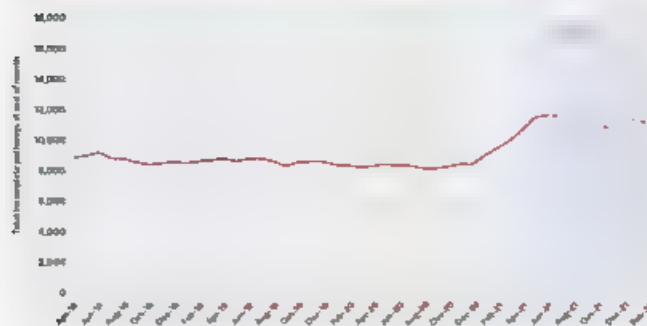


Figure 6
Projected cardiothoracic surgery waiting list in England





Up to the 26 October 2022 there have been an estimated 4.2 million first doses, 3.0 million second doses, and 0.2 million additional or booster doses of the monovalent COVID-19 Vaccine Pfizer/BioNTech given to under 18s; approximately 11,500 first doses and 8,700 second doses of the COVID-19 Vaccine AstraZeneca given to this population; and 2,200 first doses and 2,200 second doses, and 2,400 additional or booster doses of the monovalent COVID-19 Vaccine Moderna given to individuals under 18. There has been extremely limited use of COVID-19 Vaccine AstraZeneca as boosters in those under 18 years.

Your search parameters were adjusted to search for a short input sequence



Your search is limited to records that include *Vindae* (taxid 10239)

Your results are filtered to match records with percent identity between 100 and 100

Your results are filtered to match records with query coverage between 100 and 100

Job Title

Nucleotide Sequence

RID

[P.JVV81Dv013](#) Search expires on 11-03 03:49 am

[Download A1](#) ▼

Program

[Citation](#) ▼

Database

nt [See details](#) ▼

Query ID

cl Query 34231

Description

None

Molecule type

nucleic acid

Query Length

22

Other reports



Filter Results

Percent Identity

100 to 100

E value

to

Query Coverage

100 to 100

Filter

Reset

No significant similarity found. For reasons why, [click here](#)

3

Original Article

Chinese Medical Journal

Clinical characteristics of novel coronavirus cases in tertiary hospitals in Hubei Province

Kai Liu¹, Yuan-Yuan Fang¹, Yan Deng¹, Wei Liu², Mei-Fang Wang³, Jing-Ping Ma⁴, Wei Xiao⁵, Ying-Nan Wang⁶,
Min-Hua Zhong⁷, Cheng-Hong Li⁸, Guang-Gai Li⁹, Hui-Guo Liu¹

¹ Department of Respiratory and Critical Care Medicine, Tongji Hospital, Tongji Medical College, Huazhong University of Science and Technology, Wuhan, Hubei 430030, China;

² Department of Respiratory and Critical Care Medicine, Central Hospital of Wuhan, Tongji Medical College, Huazhong University of Science and Technology, Wuhan, Hubei 430030, China

³ Department of Respiratory and Critical Care Medicine, Taihe Hospital, Affiliated Hospital of Hubei University of Medicine, Shiyan, Hubei 442000, China,

⁴ Department of Respiratory and Critical Care Medicine, Jingzhou Central Hospital, Jingzhou, Hubei 434020, China,

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Contract ID	Publish Date	Start Date	End Date	Value
CN3683704	25/05/2020	02/04/2020	30/06/2020	341,000.00
CN3609259	10/07/2019	27/06/2019	31/12/2022	83,879.00
CN3609259-A1	10/07/2019	27/06/2019	31/12/2022	325,000.00
CN3636072	22/10/2019	07/11/2019	06/11/2020	22,000.00
CN3681877	19/05/2020	13/05/2020	30/06/2021	506,000.00
CN3670684	02/04/2020	26/03/2020	30/06/2021	275,000.00
CN3441638-A3	14/07/2017	28/06/2017	30/06/2020	4,334,548.32



PSA @PSA_National · Jun 28

...

mRNA medicines, a reality in pharma industry!

mRNA COVID-19 vaccinations are a part of routine pharmacy practice. Learning the use of these **vaccines** are essential as it helps to educate the community and improve the coverage of **vaccines**.

Read more > ow.ly/29eNhc1J7Vn

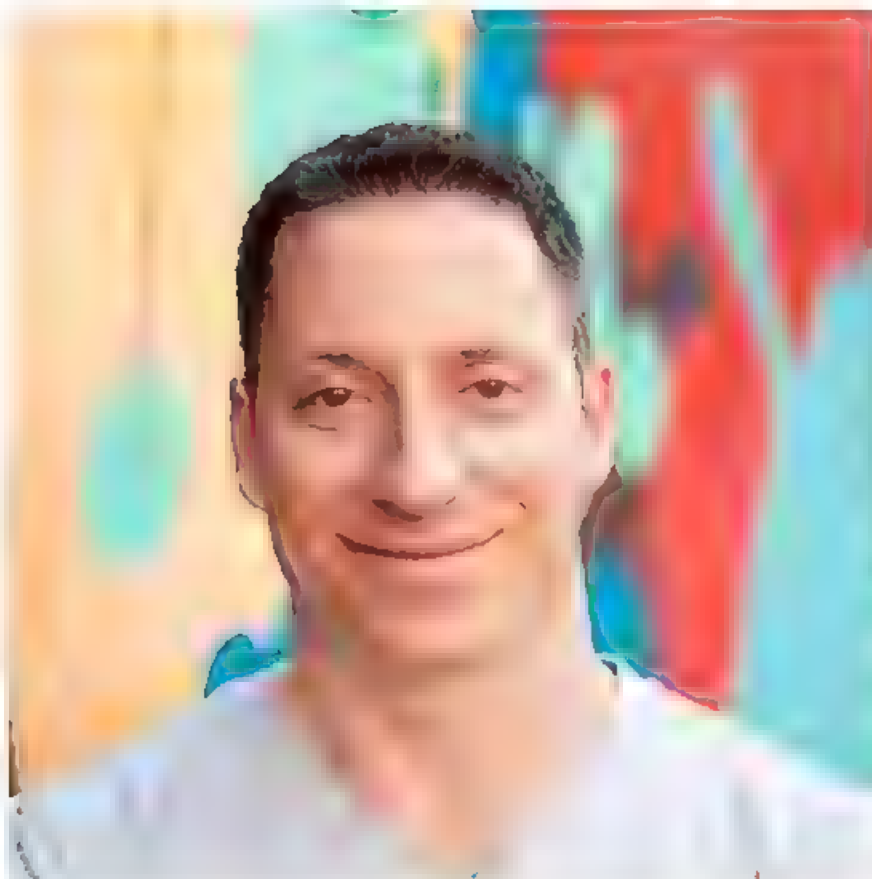


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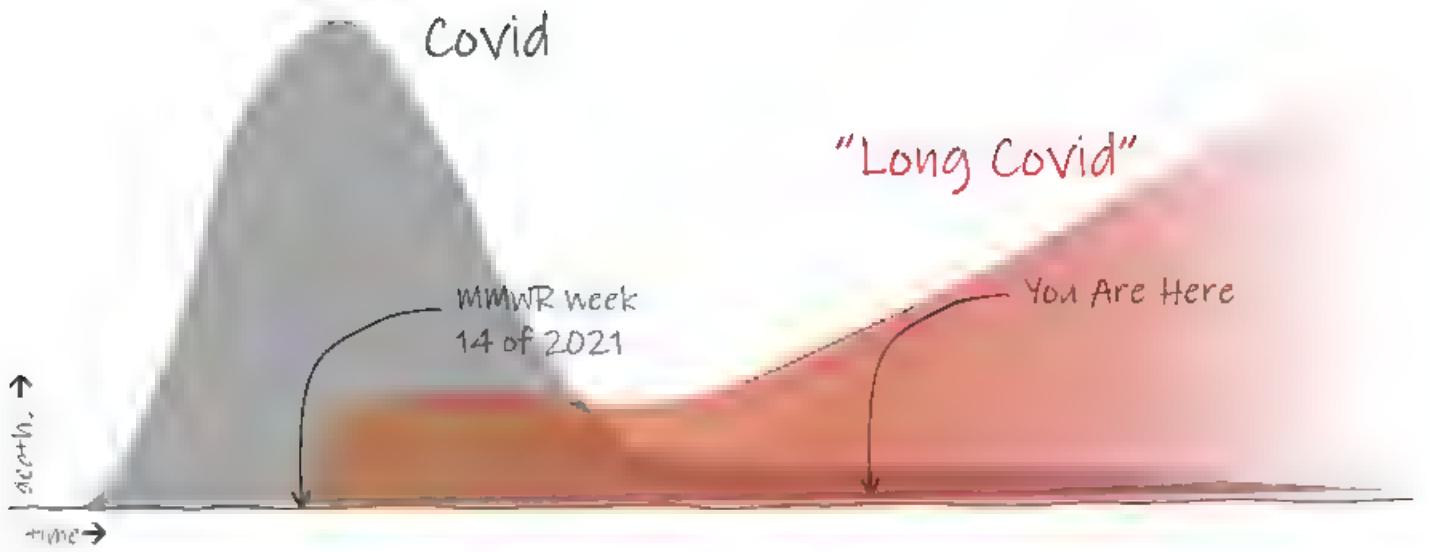


4





Agency Name	FY Publish	Applicable Value	Supplier Name
Department of Health	2017-2018	2464836	PHARMACEUTICAL SOCIETY OF
Australian Digital Health Agency	2018-2019	1723711	Pharmaceutical Society of Australia
Department of Health	2018-2019	609797 62	PHARMACEUTICAL SOCIETY OF
Department of Health	2017-2018	550196 9	PHARMACEUTICAL SOCIETY OF
Department of Health Therapeutic Goods Adm	2016-2017	260700	Pharmaceutical & Medical Professionals
Department of Health	2017-2018	180500	Pharmaceutical & Medical Profession
Department of Health Therapeutic Goods Adm	2018-2019	179564.54	Pharmaceutical & Medical Professionals
Department of Health Therapeutic Goods Adm	2016-2017	167200	Pharmaceutical & Medical Professionals
Department of Health	2017-2018	160344	Pharmaceutical & Medical Profession
Department of Health	2017-2018	136483 6	Pharmaceutical & Medical Profession
Department of Health	2016-2017	135500	Pharmaceutical & Medical Profession
Department of Health	2017-2018	135500	Pharmaceutical & Medical Profession
Department of Health	2017-2018	135400	Pharmaceutical & Medical Profession
Department of Health	2018-2019	119841 23	Pharmaceutical & Medical Profession
Department of Health	2017-2018	110000	Pharmaceutical & Medical Profession
Department of Health	2017-2018	100100	Pharmaceutical & Medical Profession
Department of Health	2017-2018	93500	Pharmaceutical & Medical Profession
Department of Health	2017-2018	90525	Pharmaceutical & Medical Profession
Australian Digital Health Agency	2019-2020	83879	Pharmaceutical Society of Australia Limited
Department of Health	2017-2018	61600	Pharmaceutical & Medical Profession
Department of Health	2016-2017	61600	Pharmaceutical & Medical Profession
Department of Health	2016-2017	58300	Pharmaceutical & Medical Profession
Department of Health	2018-2019	41000	Pharmaceutical & Medical Profession
Department of Health Therapeutic Goods Adm	2016-2017	39270	Pharmaceutical & Medical Professionals
Department of Health	2018-2019	38500	Pharmaceutical Society of
Department of Health	2017-2018	23934 24	Pharmaceutical & Medical Profession
Department of Health	2017-2018	22000	PHARMACEUTICAL SOCIETY OF
Department of Defence	2018-2019	22000	PHARMACEUTICAL SOCIETY OF AUSTR
Department of Health	2018-2019	18050	Pharmaceutical & Medical Profession



Anonymous (ID: 2OgnxQux)

11/10/22(Thu)05:04:14 No. 52336007



Barbara Fried



Sam Bankman-Fried

163 KB PNG

- >April 25, 2019 – Joe Biden announces his presidential campaign
- >13 days later, on May 8, 2019, Sam Bankman-Fried, son of Barbara Fried (the co-founder of the political fundraising organization Mind the Gap and get-out-the-vote organizations including the Center for Voter Information) launches the FTX crypto exchange
- >the exchange is an overnight success that enables Sam to become the second biggest donor to the Biden campaign
- >really makes you think

Anonymous (ID: 2OgnxQux)

11/10/22(Thu)05:31:47 No. 52336322

- >be Mrs. Fried
- >launch totally grassroots Democrat PAC in July 2018
- >wonder how you're going to raise enough funds to make a difference
- >son coincidentally becomes a multi-billionaire a few months later
- >sometimes things just have a way of working themselves out, I guess

Mean Caesarean Section Data

20256434

Sex: Female		Control 0mg		BNT162b2 30mg	
Day(s) Relative to Mating (Litter: A)					
Females Pregnant [CHSQFS]	N+ve	21		21	
Dams with Viable Foetuses		21		21	
No. of Corpora Lutea [GEN AN]	Mean	14.7	F ¹	15.5	
	SD	1.6		2.1	
	Sum	309	F ¹	326	
No. of Implantations [GEN AN]	Mean	14.1	R ²	14.0	
	SD	1.6		2.2	
	Sum	296	R ²	294	
Pre-Implantation Loss [GEN AN]	Mean	0.6	R, k ³	1.5	d ⁴
	SD	1.0		1.3	
	Sum	13	R, k ³	32	d ⁴
Pre-Implantation Loss (%) [KWLWCX]	Mean	4.09	k ⁴	9.77	d ⁴
	SD	6.56		8.09	
	Sum	16	R ²	14	
No. of Early Resorptions [GEN AN]	Mean	0.8	R ²	0.7	
	SD	1.2		1.0	
	Sum	16	R ²	14	
Early Resorptions (%) [KWLWCX]	Mean	5.04		4.62	
	SD	7.23		6.12	
	Sum	3	R ²	4	
No. of Late Resorptions [GEN AN]	Mean	0.1	R ²	0.2	
	SD	0.4		0.5	
	Sum	1	R ²	1	
Late Resorptions (%) [KWLWCX]	Mean	1.05		1.23	
	SD	2.66		3.27	
	Sum	0	R ²	0	
No. of Dead Foetuses [GEN AN]	Mean	0.0	R ²	0.0	
	SD	0.0		0.0	
	Sum	0	R ²	0	
Post-Implantation Loss [GEN AN]	Mean	0.9	R ²	0.9	
	SD	1.2		1.2	
	Sum	19	R ²	18	

Trajectory of long covid symptoms after covid-19 vaccination: community based cohort study

Daniel Ayoubkhan^{1 2}, Charlotte Bermingham³, Koen B Pouwels^{4 5}, Myer Glickman³, Vane Nafilyan^{3 6}, Francesco Zaccardi², Kamlesh Khunti², Nisreen A Alwan^{7 8 9}, A Sarah Walker^{4 10}

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- 4 National Institute for Health Research Health Protection Research Unit in Healthcare Associated Infections and Antimicrobial Resistance, University of Oxford, Oxford, UK.
- 5 Health Economics Research Centre, Nuffield Department of Population Health, University of Oxford, Oxford, UK.
- 6 Faculty of Public Health, Environment, and Society, London School of Hygiene and Tropical Medicine, London, UK.
- 7 School of Primary Care, Population Sciences and Medical Education, Faculty of Medicine, University of Southampton, Southampton, UK.
- 8 NIHR Southampton Biomedical Research Centre, University of Southampton and University Hospital Southampton NHS Foundation Trust, Southampton, UK.
- 9 NIHR Applied Research Collaboration (ARC) Wessex, Southampton, UK.
- 10 Nuffield Department of Medicine, University of Oxford, Oxford, UK.

Effect of pre-exposure use of hydroxychloroquine on COVID-19 mortality: a population-based cohort study in patients with rheumatoid arthritis or systemic lupus erythematosus using the OpenSAFELY platform

Christopher T Rentsch¹, Nicholas DeVito², Brian MacKenna², Caroline E Morton², Krishnan Bhaskaran¹, Jeremy P Brown¹, Anna Schultze¹, William J Hulme², Richard Croker², Alex J Walker², Elizabeth Williamson¹, Chris Bates³, Seb Bacon², Amir Mehrkar², Helen J Curtis², David Evans², Kevin Wing¹, Peter Inglesby², Rohini Mathur¹, Henry Drysdale², Angel Y S Wong¹, Helen McDonald¹, Jonathan Cockburn³, Harriet Forbes¹, John Parry³, Frank Hester³, Sam Harper³, Liam Smeeth¹, Ian Douglas¹, William G Dixon⁴, Stephen J W Evans¹, Laurie Tomlinson¹, Ben Goldacre²

Affiliations [+ expand](#)

PMID: 33349815 PMCID: PMC7745258 DOI: 10.1016/S2665-9913(20)30378-7

[Free PMC article](#)

Data sharing

[Go to: ▶](#)

All data were linked, stored, and analysed securely within the [OpenSAFELY](#) platform. Detailed pseudonymised patient data are potentially re-identifiable and therefore not shared. We rapidly delivered the OpenSAFELY data analysis platform without previous funding to deliver timely analyses of urgent research questions in the context of the global COVID-19 health emergency. Now that the platform is established, we are developing a formal process for external users to request access in collaboration with NHS England. Details of this process will be published in the near future on the OpenSAFELY website.



DatalItem	Valid	Default	Invalid	Missing	Denominator
ORGANISATION SITE IDENTIFIER (AT START OF	0	0	0	300	300
MATERNITY CARE SETTING (AT START OF INT	300	0	0	0	300
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ONSET OF ESTABLISHED LABOUR DATE	220	0	0	80	300
ONSET OF ESTABLISHED LABOUR TIME	220	0	0	80	300
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PROCEDURE TIME (CAESAREAN SECTION)	105	0	0	195	300
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DECISION TO DELIVER DATE	5	0	0	300	300
DECISION TO DELIVER TIME	5	0	0	300	300
ADMISSION METHOD CODE (MOTHER LABO	285	15	0	5	300
DISCHARGE DATE (MOTHER POST LABOUR A	180	0	0	120	300
DISCHARGE TIME (MOTHER POST LABOUR A	180	0	0	120	300
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DISCHARGE DESTINATION CODE (MOTHER P	275	0	0	25	300
ORGANISATION IDENTIFIER (POSTNATAL PAT	0	0	0	300	300
PREGNANCY IDENTIFIER	300	0	0	0	300
LABOUR AND DELIVERY IDENTIFIER	300	0	0	0	300
MSD301 Table Submission	1	0	0	0	1
ORGANISATION SITE IDENTIFIER (AT START O	25	0	0	275	220

And you will know the
truth, and the truth will
set you free."

John 8:32



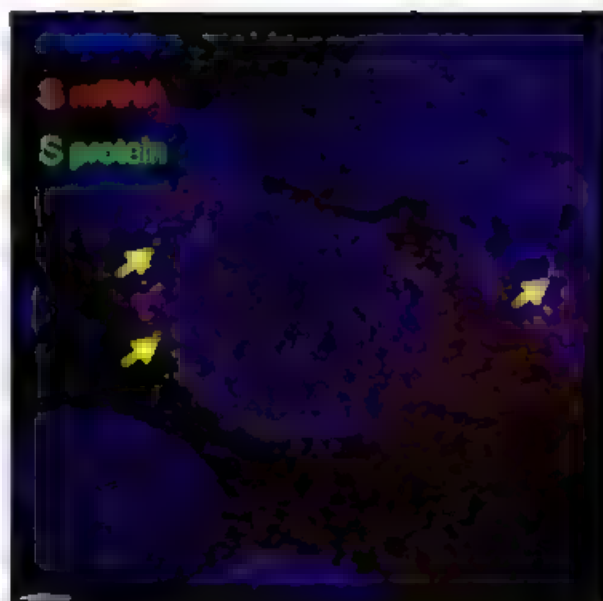


‘I don’t have to prove that curfews work’

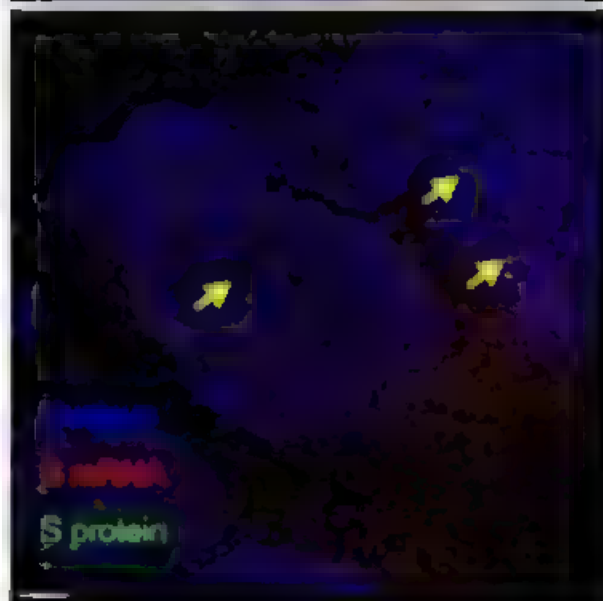
Victorian Premier Daniel Andrews says he does not need to prove the efficacy of a curfew in bringing down coronavirus case numbers.

A

S mRNA on nuclear
surface

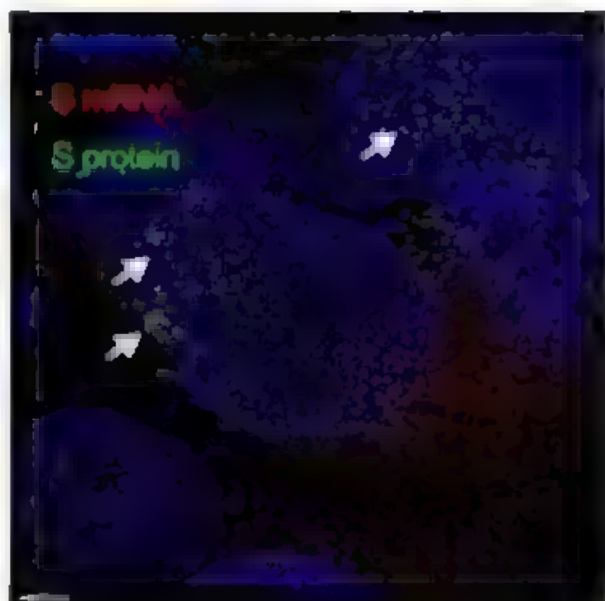


S mRNA
inside nucleus



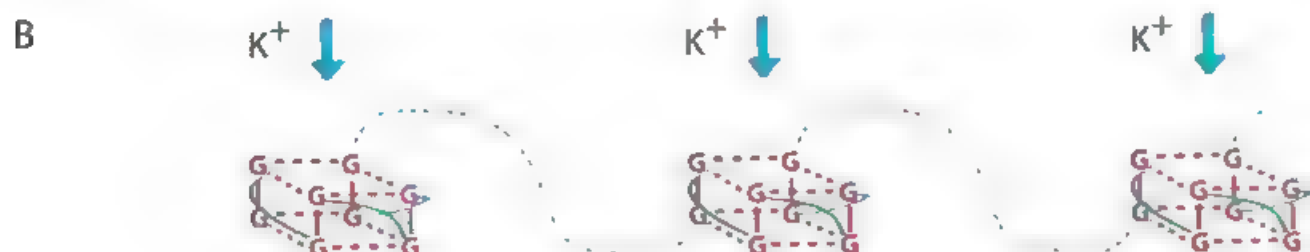
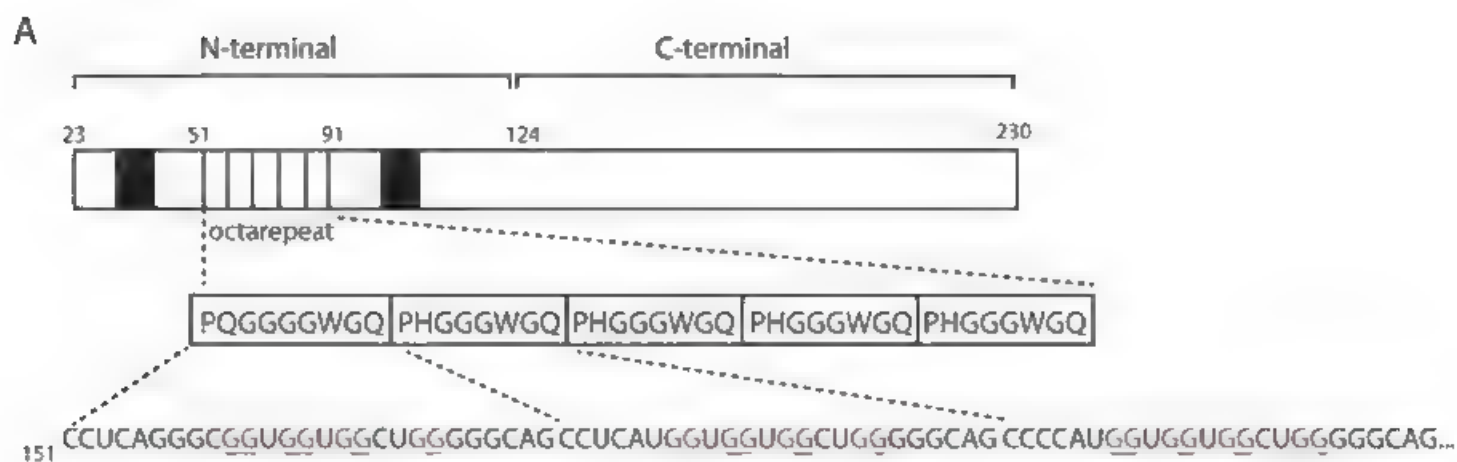
B

S protein on nuclear
surface



S protein inside
nucleus





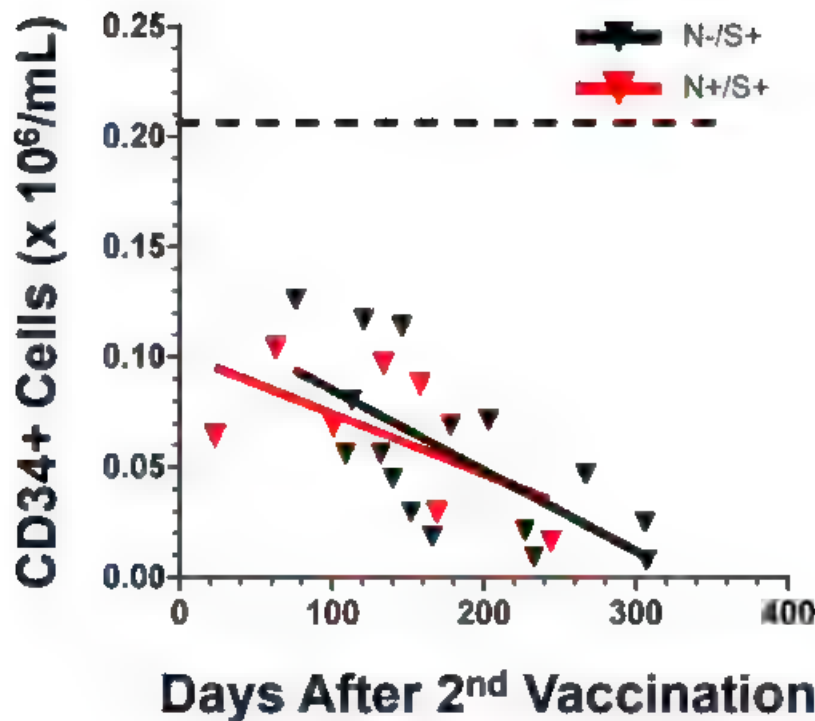
One of the most important findings in our study was the simultaneous detection of the different spatial distributions of S protein and S mRNA at the single-molecule level in a single infected cell. We confirmed that S mRNA translocated into the nucleus by image analysis of the colocalization of S mRNA with nuclear staining. The SARS-CoV-2 N protein has already been shown to bind to RNA [46]. There was no information available confirming whether the S protein could bind to S mRNA for nuclear translocation. Our results revealed that S mRNA nuclear translocation was mediated by the S protein because S mRNA nuclear translocation was always associated with the S protein. For example, S mRNA colocalized with the S protein inside and outside the surface of the nucleus. Although the primer-probe was designed to target S mRNA, the SARS-CoV-2 positive-strand RNA genome (whole or partial) can be targeted by the same probe due to the sequence similarity between S mRNA and the whole or partial genome. Thus, our results lack sufficient detail contributing to the discussion of the controversial scientific topic of whether there is any possibility of SARS-CoV-2 genome integration into the host DNA [47, 48]. Additionally, one of the significant differences in the S protein sequences of SARS-CoV and SARS-CoV-2 is the pat7 NLS motif. Whether S protein expression by the current vaccine platforms causes suboptimal expression of S protein on the cell surface due to the NLS remains to be determined [49]

In conclusion, the SARS-CoV-2 S protein has a functional pat7 NLS “PRRARSV”, that results in one out of four S proteins translocating into the nucleus in infected cells. S Protein appears to shuttle S mRNA (possibly the genome) into the nucleus as well. Thus, the NLS of the S protein may contribute to the evasion of the host immune response and is a novel pathogenic feature of SARS-CoV-2.

Materials and Methods

The limited numbers of CD34+ cells in the UCB of the vaccinated donor group were the greatest impediment, especially for the hematopoiesis differentiation assays, transcriptomics at the single cell level, as well as all statistical analyses. The use of freshly isolated MNCs for humanization following depletion of incoming T cells by anti-CD3 antibodies ⁶⁷ or pre-expanding CD34+ cells *ex vivo* ^{68,69} would be required to assess the

impact of SARS-CoV-2 vaccination on UCB CD34+ cells and hematopoiesis in future experiments. These studies should serve as a touchstone for understanding these potential impacts and provide insight about how the long-term side effects of SARS-CoV-2 infection and/or vaccination in mothers and even neonates affect future human immune health.



$R^2=46\%$ (**, $p=0.004$)

$R^2=36\%$ (ns, $p=0.1555$)

Search to prevent next human pandemic

To play good defense against the next viral pandemic, it helps to know the other team's offense. But the 263 known viruses that circulate in humans represent less than 0.1 percent of the viruses suspected to be lurking out there that could infect people, researchers report in the Feb. 23 Science.

The Global Virome Project, to be launched in 2018, aims to close that gap. The international collaboration will survey viruses harbored by birds and mammals to identify

candidates that might be zoonotic, or able to jump to humans. Based on the viral diversity in two species known to host emerging human diseases — Indian flying foxes and rhesus macaques — the team estimates there are about 1.67 million unknown viruses still to be discovered in the 25 virus families surveyed. Of those, between 631,000 and 827,000 might be able to infect humans.

The \$1.2 billion project aims to identify roughly 70 percent of these potential threats



<http://english.whiov.cas.cn>

NEWSLETTER
No 20 MAR 2018




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Dr Teresa Kelly

@ztkel y

Obstetrician. Passionate about patient safety. Happy to help with evidence questions about Covid vaccines in pregnancy. Views are my own

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🇨🇦 Internal Medicine physician and asst. professor of medicine 🇺🇸 he/him.
Dealing with disinformation. My views are my own.

Team Halo was established as part of the United Nations Verified initiative in

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Section 2.

The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-financial Support?	Other?	Comments
Jan and David Barcusk	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Alliance of Minnesota Chinese Organizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Minnesota Chinese Chamber of Commerce	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
University of Minnesota Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rising Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Donation of hydroxychloroquine

Dr. Boulware reports grants from Steve Kirsch, grants from Jan and David Barcusi, grants from Minnesota Chinese Chamber of Commerce, grants from Alliance of Minnesota Chinese Organizations, non financial support from Rising Pharmaceuticals, grants from University of Minnesota Foundation, during the conduct of the study; and Relevant to treatment of coronavirus, Dr. Boulware has provided free advice regarding clinical trial design and implementation to >100 citizens, investigators, institutions, or corporations as asked since March 17, 2020. Notable corporations with active therapeutic programs where clinical trial discussions have occurred include Regeneron, ReviveTherapeutics, and FujiFilm. No reimbursement for providing clinical trial design advice has been requested. No active or planned COVID projects exist with any corporation. Gilead, which makes remdesivir, which is an intravenous medicine used for COVID-19 treatment in hospitalized patients, has provided grants and Ambisome antifungal medication to the Infectious Disease Institute in Uganda and Meningitis Foundation for meningitis-related research. This is not directly relevant to prophylaxis or outpatient oral therapy for mild COVID-19, but this is in the realm of treatment of COVID-19. Dr. Boulware has received \$17.79 worth of food/beverage on 4/23/2018 at a medical conference on Essential Diagnostics, which received funding by Gilead. Dr. Boulware collaborates with multiple pharmaceutical companies making novel antifungal medicines for cryptococcal meningitis in public-private research partnerships, without any financial interests or payments from these companies.

Dr. Boulware has no relevant relationship with any company which makes therapeutics for post exposure prophylaxis to coronavirus.

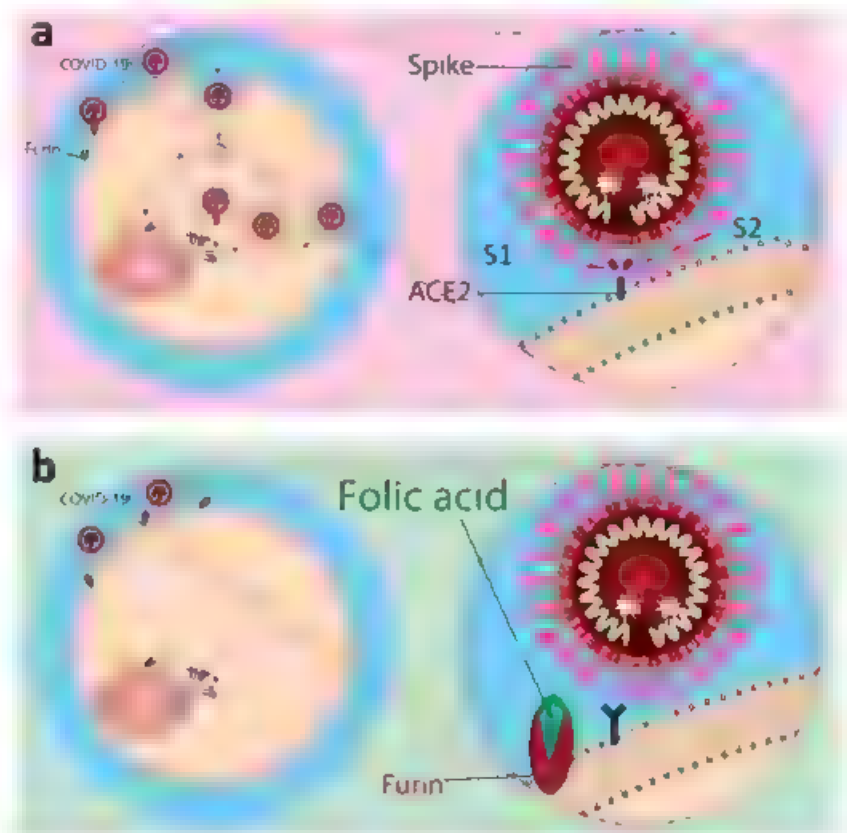


Fig. 1 A schematic representation of inhibitory action of folic acid (a) The mechanism of fusion and replication of COVID-19 virus (b) Inhibition of furin protein by folic acid

Thank you for your information request received by us on 8 September 2022.

This request has been handled under the Freedom of Information Act 2000.

Please note that Chelsea and Westminster Hospital NHS Foundation Trust merged with West Middlesex University Hospital in September 2015, for this reason our response covers both sites

I am writing to request under the freedom of information Act the following documents held by you:

- a list of all currently active clinical trials or studies being conducted at the Chelsea & Westminster maternity unit including the current protocol and PICF (patient information sheet) where relevant for each study.

Duplicates are not required. ISRCTN Clinical trials registry identifiers should be included for each study.

In the table below the first column is the 'IRAS number' for the project – a unique identifier that is used for all research studies in the UK and is quoted on ethics applications, regulatory submissions etc.

IRAS ID	Title
	Using qualitative interviews with microsystem staff to enhance the effectiveness of quality improvement initiative: exploration of benefits perceived by the core project working group members.
112935	Maternal and Perinatal Outcomes of Pandemic Influenza in Pregnancy
142103	Investigation and study of pregnancy in overweight and diabetic women and the effect of bariatric surgery on pregnancy outcomes
143105	VMET2 Vaginal Microbiome and Metabonome in Pregnancy
159940	The EPIC study
197668	The immunology and metabolomics of endometria: receptivity to improve screening and prediction of recurrent failed in vitro fertilisation and recurrent spontaneous miscarriage
209090	Acute postnatal transfer and mortality in very preterm babies: A population study
215037	Interactions between the diet and gut microbes and metabolism in preterm infants (IND-GO study)
221152	PROMESA: Promotion of a healthy gut microbiome in elective caesarean section arrivals
222431	Heart Disease in Pregnancy: Maternal Cardiovascular Adaptation and Fetal Outcomes
229163	Induction of labour for predicted macrosomia
239782	C-Stitch2: Emergency Cervical Cerclage to Prevent Miscarriage and Preterm Birth: a Randomised Controlled Trial
251756	Chronic Endometritis and Recurrent Miscarriage: The CERM trial
261294	CRAFT: Cerclage after full dilatation caesarean section, an investigation into the role of previous in labour caesarean section in future preterm birth risk and potential management strategies
262719	Calcium Supplementation for Prevention of Pre-eclampsia in High Risk Women: CaPE Trial
262850	Lower Myometrial Biochemistry
265096	Prediction of the onset of term and preterm labour
266400	Perinatal and 2 year neurodevelopmental outcome in late preterm fetal compromise: the TRUFFLE 2 Randomised Trial
268668	The OptiBreech care pathway: evaluating the feasibility and acceptability of team care for women seeking to plan a vaginal breech birth
282750	OASI2: a hybrid effectiveness implementation RCT to inform scale up of care bundle to reduce obstetric anal sphincter injury (OASI) caused during childbirth
284958	Pregnancy Antihypertensive Drugs: which Agent is best?
285693	ASPIRE: COVID-19 CENTRE: Achieving Safe and Personalised maternity care in response to epidemics: Case studies of eight NHS Trusts in England
287442	A Phase 2a/2b Randomized Double Blind Placebo-Controlled Study to Evaluate the Efficacy and Safety of Voxibat in Adult Women with Intrahepatic Cholestasis of Pregnancy and Elevated Serum Bile Acid Concentrations (OHANA)
289560	Prospective study of natural killer cells and other associated cells of the immune system in women with low versus high risk of implantation and placental problems in early pregnancy
290825	Evaluation of the Maternity Vulnerability Assessment Tool (MatVAT) tool to assess women's vulnerability during community maternity care
294144	Use of the HemoClear system for obstetric cell salvage: A pre-clinical proof of concept to cleanse blood salvaged in caesarean sections and vaginal delivery
297849	Health care practitioner survey to inform health service configuration for abortion provision
303028	The OptiBreech Care Trial, a feasibility study for a pragmatic trial of care for women with a breech-presenting baby at term
43680	Surveillance of near-miss maternal morbidity Using the UK Obstetric Surveillance System (UKOSS)
79716	Long-term follow-up of women affected by near-miss morbidity: Experiences of women who required a peripartum hysterectomy

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285693	ASPIRE: COVID-19 CENTRE: Achieving Safe and Personalised maternity care in response to epidemics: Case studies of eight NHS Trusts in England
287442	A Phase 2a/2b Randomized Double Blind Placebo-Controlled Study to Evaluate the Efficacy and Safety of Voxibat in Adult Women with Intrahepatic Cholestasis of Pregnancy and Elevated Serum Bile Acid Concentrations (OHANA)
289560	Prospective study of natural killer cells and other associated cells of the immune system in women with low versus high risk of implantation and placental problems in early pregnancy
290825	Evaluation of the Maternity Vulnerability Assessment Tool (MatVAT) tool to assess women's vulnerability during community maternity care
294144	Use of the HemoClear system for obstetric cell salvage: A pre-clinical proof of concept to cleanse blood salvaged in caesarean sections and vaginal delivery
297849	Health care practitioner survey to inform health service configuration for abortion provision
303028	The OptiBreech Care Trial, a feasibility study for a pragmatic trial of care for women with a breech-presenting baby at term
43680	Surveillance of near-miss maternal morbidity Using the UK Obstetric Surveillance System (UKOSS)
79716	Long-term follow-up of women affected by near-miss morbidity: Experiences of women who required a peripartum hysterectomy

HOW VAX WORK?

IT DONT



Orthoparamyxovirinae; Morbillivirus.

REFERENCE 1 (bases 1 to 19800)

AUTHORS Hoerner,C., Schuermann,C., Auste,A., Ebenig,A., Muraleedharan,S.,
Dinnon,K.H. III, Scholz,T., Herrmann,M., Schnierle,B., Baric,R.S.
and Muehlebach,M.D.

TITLE A Highly Immunogenic and Effective Measles Virus-based Th1-biased
COVID-19 Vaccine

JOURNAL Unpublished

REFERENCE 2 (bases 1 to 19800)

AUTHORS Hoerner,C., Schuermann,C., Auste,A., Ebenig,A., Muraleedharan,S.,
Dinnon,K.H. III, Scholz,T., Herrmann,M., Schnierle,B., Baric,R.S.
and Muehlebach,M.D.

TITLE Direct Submission

JOURNAL Submitted (09-OCT-2020) Abteilung Veterinärmedizin,
Paul-Ehrlich-Institut, Paul-Ehrlich-Str. 51-59, Langen, Hesse
63225, Germany

COMMENT ##Assembly-Data-START##

Assembly Method :: BWA mem v. v 0.7.12-r1039

Sequencing Technology :: Illumina

##Assembly-Data-END##

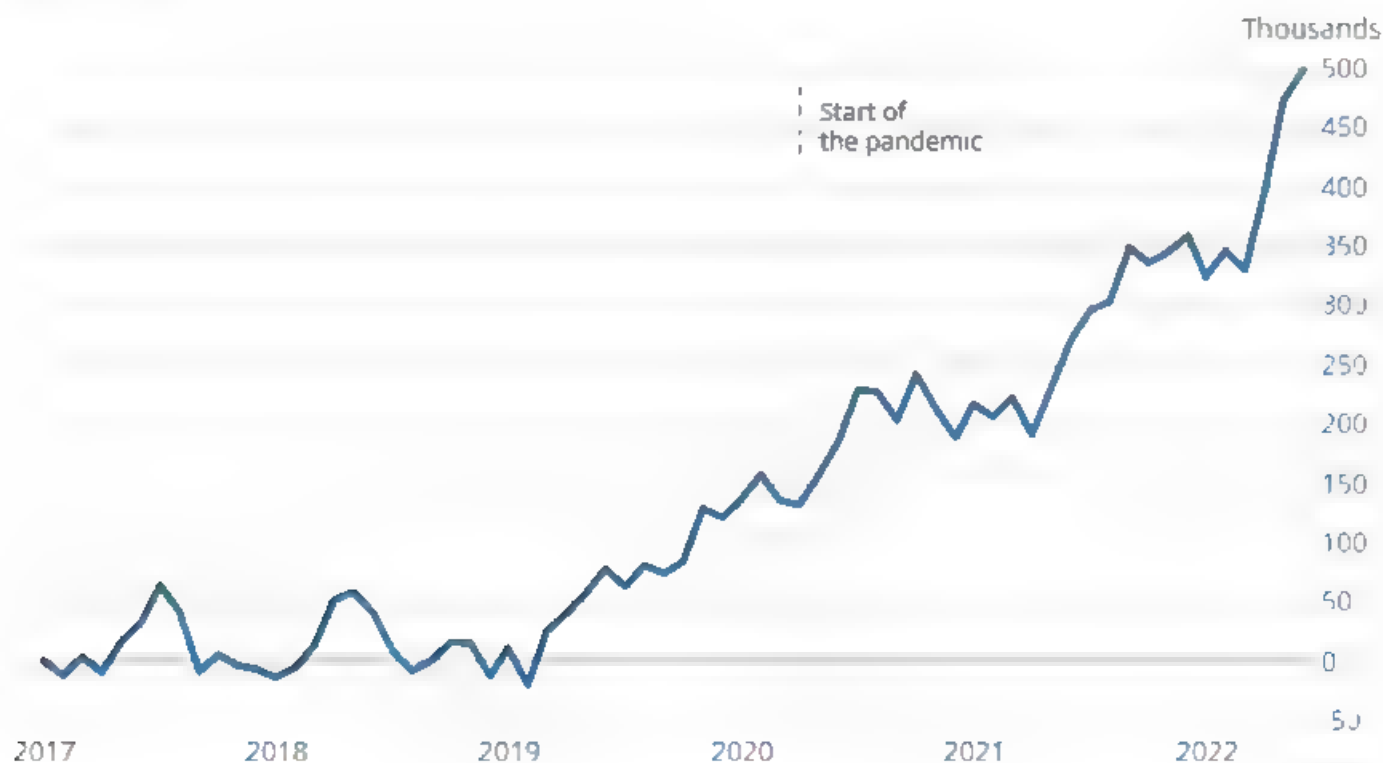
FEATURES Location/Qualifiers

source 1..19800



The number of people out of the labour market because of long-term sickness has been rising in recent years

Cumulative change in number of people aged 16 to 64 years inactive owing to long-term sickness, seasonally adjusted, UK, January to March 2017 to June to August 2022



Source: Office for National Statistics – Labour Force Survey

[Embed code](#)

From: Anthony Simon J. [mailto:as2127@cums.columbia.edu]
Sent: Monday, February 13, 2017 5:07 PM
To: Baric, Ralph S <rbaric@email.unc.edu>, Menachery, Vineet D <vmeneet@emaw.unc.edu>, Yount, Boyd L Jr <byyount@email.unc.edu>
Cc: Jonna Mazet <jmazet@ucdavis.edu>, Tracey Goldstein <tgoldstein@ucdavis.edu>, Kirsten Gilardi <kgilardi@ucdavis.edu>
Subject: New Zb spike sequence

Dear Ralph -

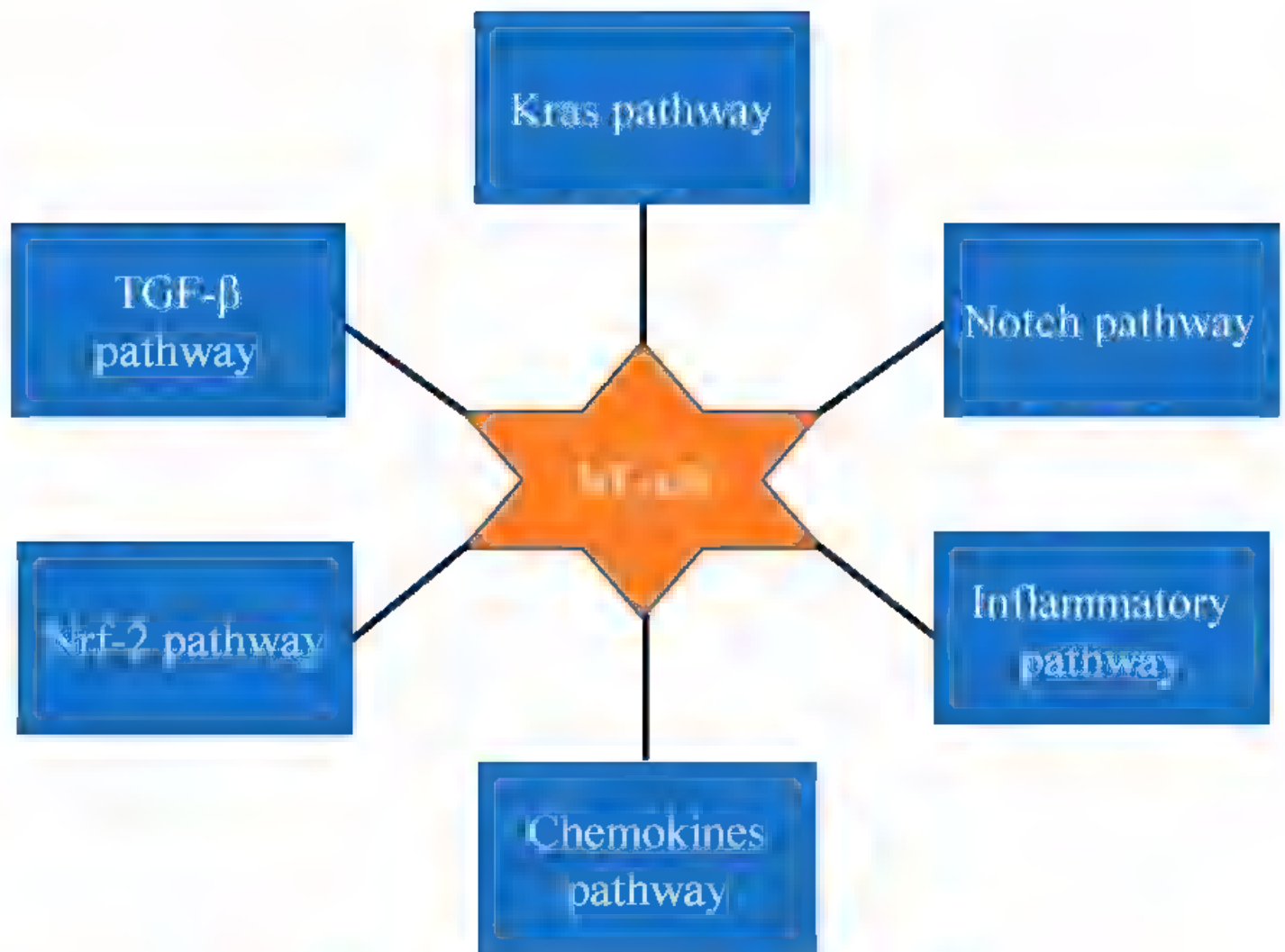
Thanks again for the call today. Per our discussion, here is a new spike sequence for you to evaluate. I think you'll like this one as it is SARS-like. o)

 I am therefore Co-ing Kirsten Gilardi as she leads all field activities there for U.C. Davis and was responsible for the collection of these samples.

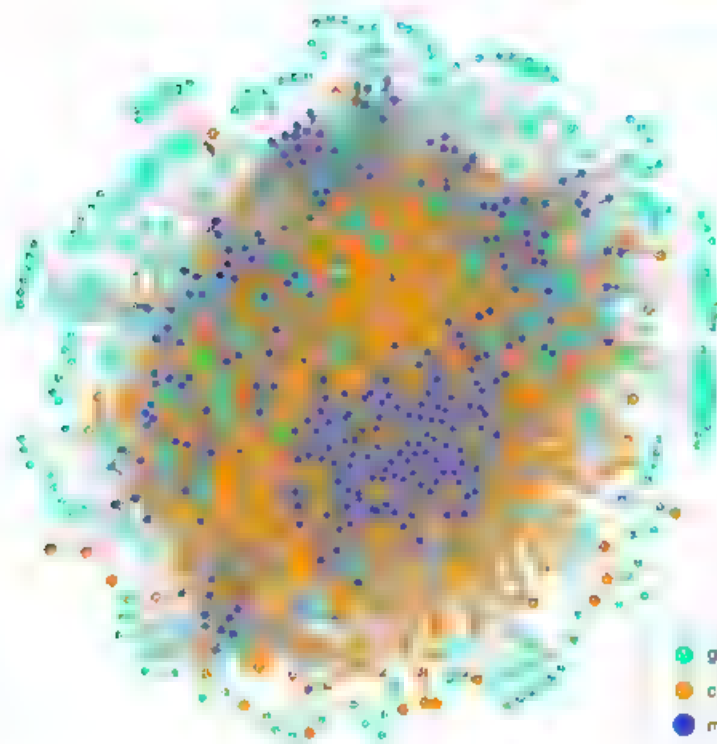


CDS

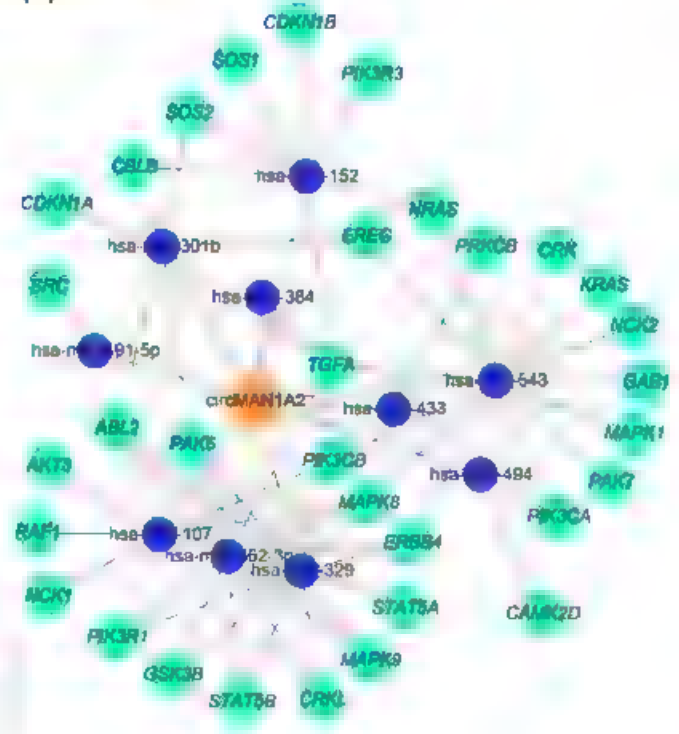
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/codon_start=1
/product="envelope protein"
/protein_id="QTJ30137.1"
/translation="MYSFVSEETGTLIVNSVLLFLAFVVFLLVTLAILTALRLCAYCC
NIVNVSLVKPSFYIYSRVKNLNSSQGIPDLLV"
```

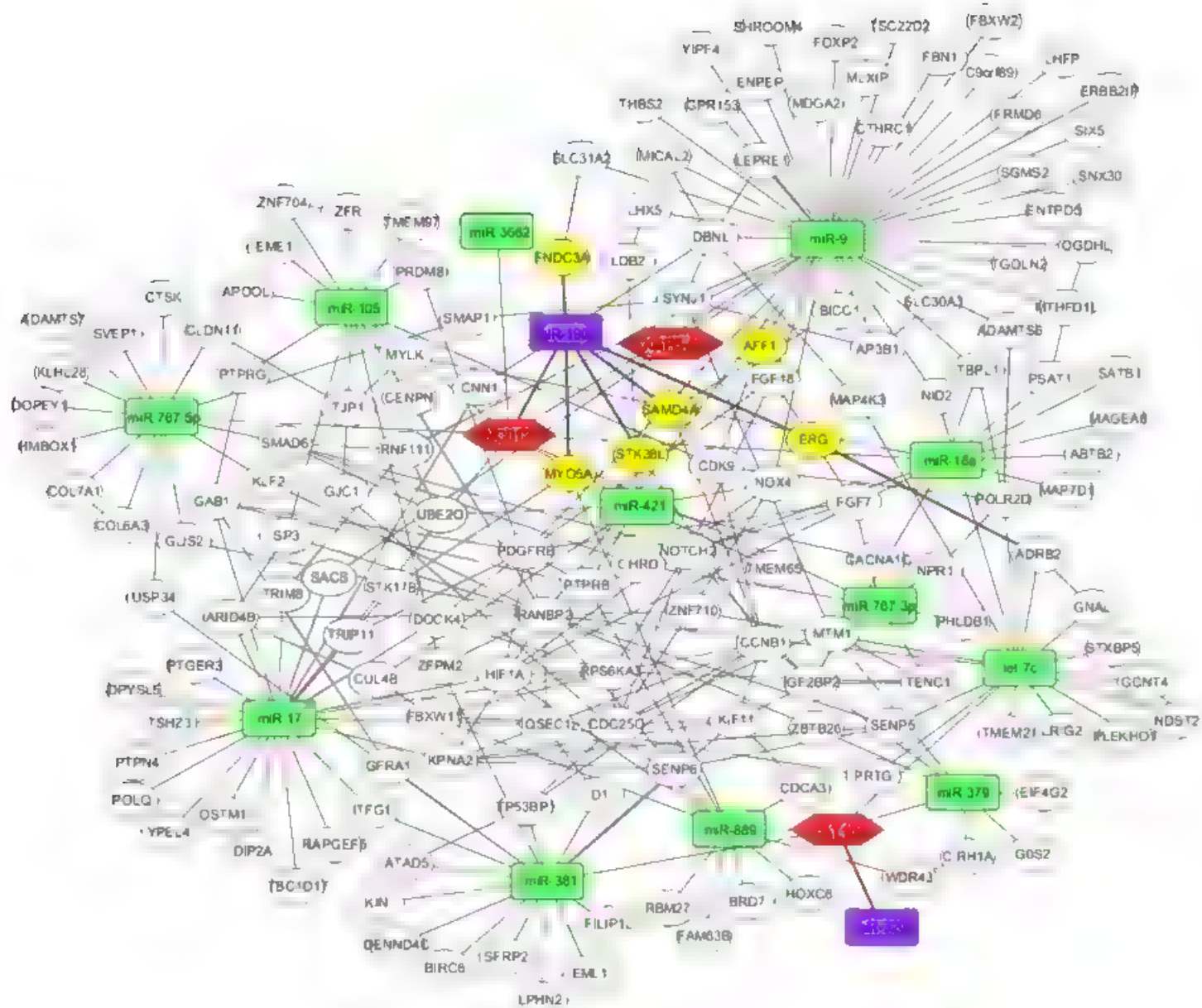



(A)



(B)





2018

**JULY: TWO BABIES DIE IMMEDIATELY
FOLLOWING MMR VACCINATION**

2019

**APRIL: MEASLES VACCINATION
RESUMES IN SAMOA**

**OCTOBER 1: UNICEF DELIVERED 115,000 DOSES
OF MEASLES VACCINES TO SAMOA**

**OCTOBER 12: WORLD BANK GIVES \$34 MILLION
GRANT FOR MEASLES OUTBREAK**

**NOVEMBER 15: SAMOA DECLARES STATE OF
EMERGENCY OVER MEASLES OUTBREAK**

A



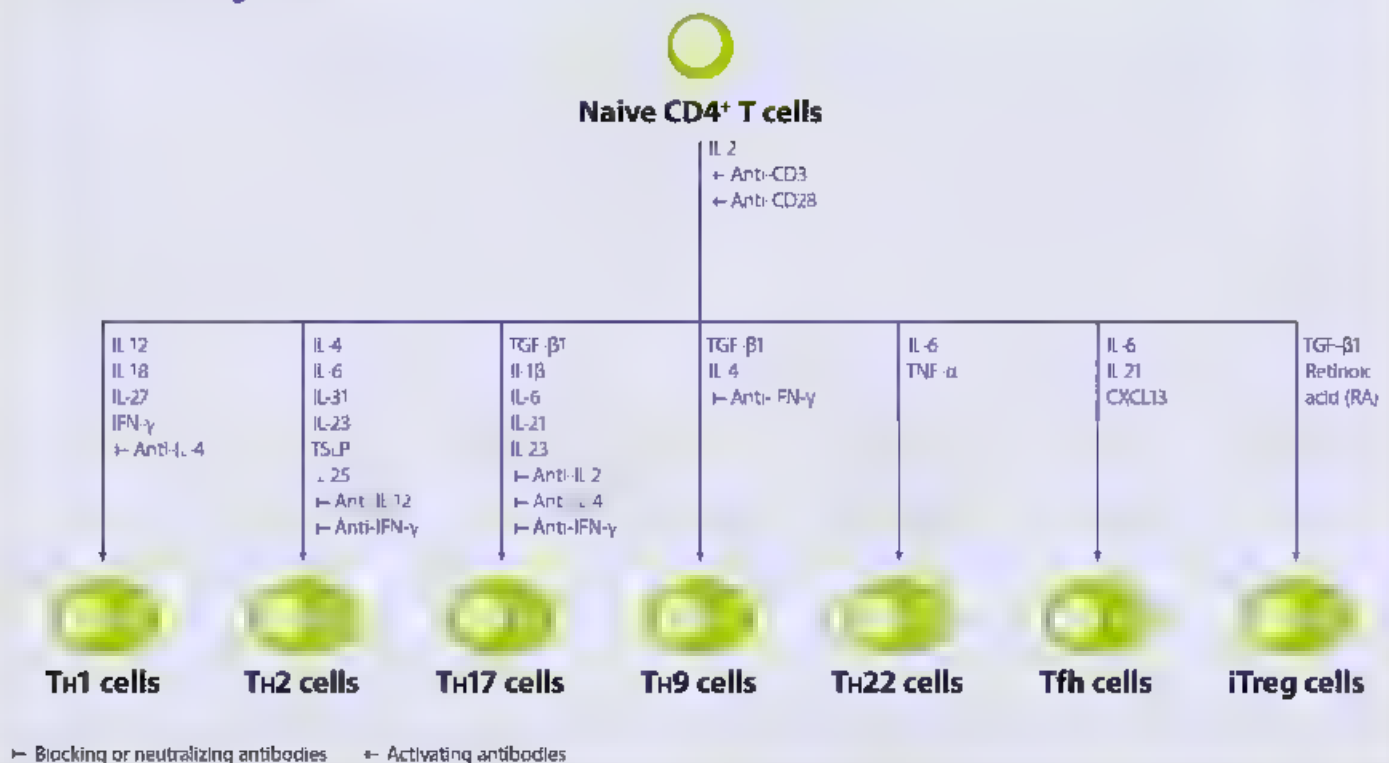
...

Corporate negligence occurs when a company breaches a duty of care they had toward an employee or customer. A duty of care refers to one party's responsibility to provide a reasonably safe, secure environment for the people who interact with it. In order to file a corporate negligence claim, the injured party must be able to prove that a duty of care existed and a breach of that duty occurred. Corporate negligence typically refers to a legal doctrine that holds healthcare facilities responsible for the wellbeing of their patients.

In the case of a healthcare facility such as a hospital, nursing home, or alternate care facility, if harm comes to a patient as a result of undertrained or poorly vetted employees, this could be considered corporate negligence on the part of the hiring facility. While corporate negligence is a phrase most commonly discussed in reference to medical facilities, negligence can occur when the employee of any business or entity fails to provide a reasonable degree of care to a customer or fellow employee, resulting in harm to a member of one or both groups because of supervisory oversights.

Human CD4⁺ T cell subsets

Polarization reagents



Mutant Measles morbillivirus strain MeVvac2-SARS2-S(H), complete genome

GenBank MW090971.1

[FASTA](#) [Graph](#) [cs](#)

[Go to](#) ☒

LOCUS MW090971 19800 bp cRNA linear SYN 02 NOV 2020
DEFINITION Mutant Measles morbillivirus strain MeVvac2 SARS2 S(H), complete genome
ACCESSION MW090971
VERSION MW090971.1
KEYWORDS .
SOURCE Measles morbillivirus
ORGANISM Measles morbillivirus
Viruses; Riboviria; Orthornavirae, Negarnaviricota;
Haploviricotina; Monjiviricetes, Mononegavirales; Paramyxoviridae,
Orthoparamyxovirinae; Morbillivirus.
REFERENCE 1 (bases 1 to 19800)
AUTHORS Hoerner,C., Schuermann,C., Auste,A., Ebenig,A., Muraleedharan,S.,
Dinnon,K.H. III, Scholz,T., Herrmann,M., Schnierle,B., Baric,R.S.
and Muehlebach,M.D.
TITLE A Highly Immunogenic and Effective Measles Virus based Th1 biased
COVID 19 vaccine
JOURNAL Unpublished
REFERENCE 2 (bases 1 to 19800,
AUTHORS Hoerner,C., Schuermann,C., Auste,A., Ebenig,A., Muraleedharan,S.,
Dinnon K.H. III, Scholz,T., Herrmann,M., Schnierle,B., Baric,R.S.
and Muehlebach,M.D.
TITLE Direct Submission
JOURNAL Submitted (09 OCT 2020) Abteilung Veterinaermedizin,
Paul Ehrlich Institut, Paul Ehrlich Str. 51 59, Langen, Hessa
63225, Germany
COMMENT ##Assembly Data START##

The Real Truther

@thereal_truther

Followers you know

Followers

Following



David Gorski, MD, PhD

@gorskon

Follow

Surgeon/scientist exposing quackery and promoting science-based medicine. Editor, Science-Based Medicine blog. Opinions do NOT represent those of my employers.



Health Nerd

@GidMK

Follow

@gidmk@med-mastodon.com Epidemiologist. Writer (Guardian, Observer etc). ' Ph.Ding at UoW Host of @senecipod Email gidmk.healthnerd@gmail.com he/him



The Sassy Microbe

@thesassymicrobe

Follow

Culturing sass. Medical microbiologist (AP). VACCINATED. I am Views are my own. Tweets are protected while I sleep. Help me fund my IBMS top up modules!



Swaledale Mutton Co.

@SwaledaleMutton

Blocked

The Swaledale Mutton company, a small family business. We supply top quality prime mutton direct, and also run Sheep Keeping courses for smallholders!



Steven Wilson

@StevenWilson777

Followers

Following



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@SwaledaleMutton

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The Glaive

@BronzeTalos

Followers

Following



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@SwaledaleMutton

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The Swaledale Mutton company, a small family business. We supply top quality prime mutton direct, and also run Sheep Keeping courses for smallholders!

Darren

@puraonfifa

Followers

Following



Brent Lee

@BrentLeeSDCIC

Follow

Recovering Conspiracist. From 2003-2018 I was consumed by conspiracy theories. I'm here to share my journey in/out of the rabbit hole to help others.



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@SwaledaleMutton

Blocked

The Swaledale Mutton company, a small family business. We supply top quality prime mutton direct, and also run Sheep Keeping courses for smallholders!

American Council on Science and Health, Inc.

Statements of Cash Flows

	<u>Year Ended June 30,</u>	
	<u>2020</u>	<u>2019</u>
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	\$ 297,091	\$ (690,972)
Adjustments to reconcile change in net assets to net cash from operating activities		
Net realized and unrealized gains on investments	(7,707)	(36,636)
Gain on cancellation of leases	-	(131,000)
Lease buyout	-	(33,900)
Loss on disposal of property and equipment	-	16,720
Depreciation	-	2,615
Changes in operating assets and liabilities		
Contributions receivable	100,000	20,801
Prepaid expenses and other current assets	(2,391)	22,020
Security deposit	-	78,117
Accounts payable and accrued expenses	(4,216)	(17,163)
Refundable advance	30,271	-
Deferred rent liability	-	14,650
Net Cash from Operating Activities	<u>413,048</u>	<u>(754,748)</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchases of investments	(1,994)	-
Proceeds from sales of investments	<u>38,538</u>	<u>734,092</u>
Net Cash from Investing Activities	<u>36,544</u>	<u>734,092</u>
Net Change in Cash	449,592	(20,656)
CASH		
Beginning of year	<u>73,689</u>	<u>94,345</u>
End of year	<u>\$ 523,281</u>	<u>\$ 73,689</u>

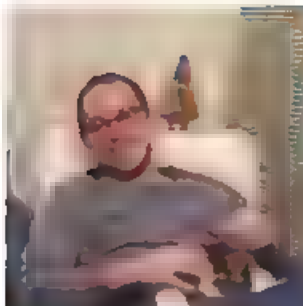


AMERICAN COUNCIL
ON SCIENCE AND HEALTH

Promoting science and debunking junk since 1978
This website is for educational purposes only.



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Gideon Meyerowitz-Katz

Gideon Meyerowitz-Katz is an epidemiologist working in chronic disease in Sydney's west, with a particular focus on diabetes. He writes a weekly blog on public health, policy, and science communication particularly where these things go wrong. He has recently begun a PhD with the University of Wollongong researching the social determinants of diabetes, and is passionate about the social causes of our ill health.



Gideon M-K; Health Nerd

Feb 16, 2019 · 6 min read · Member-only · Listen



Glyphosate Isn't Giving You Cancer

Why RoundUp is probably fine for your health



Pictured: Glyphosate, probably Source: [Pexels](#)

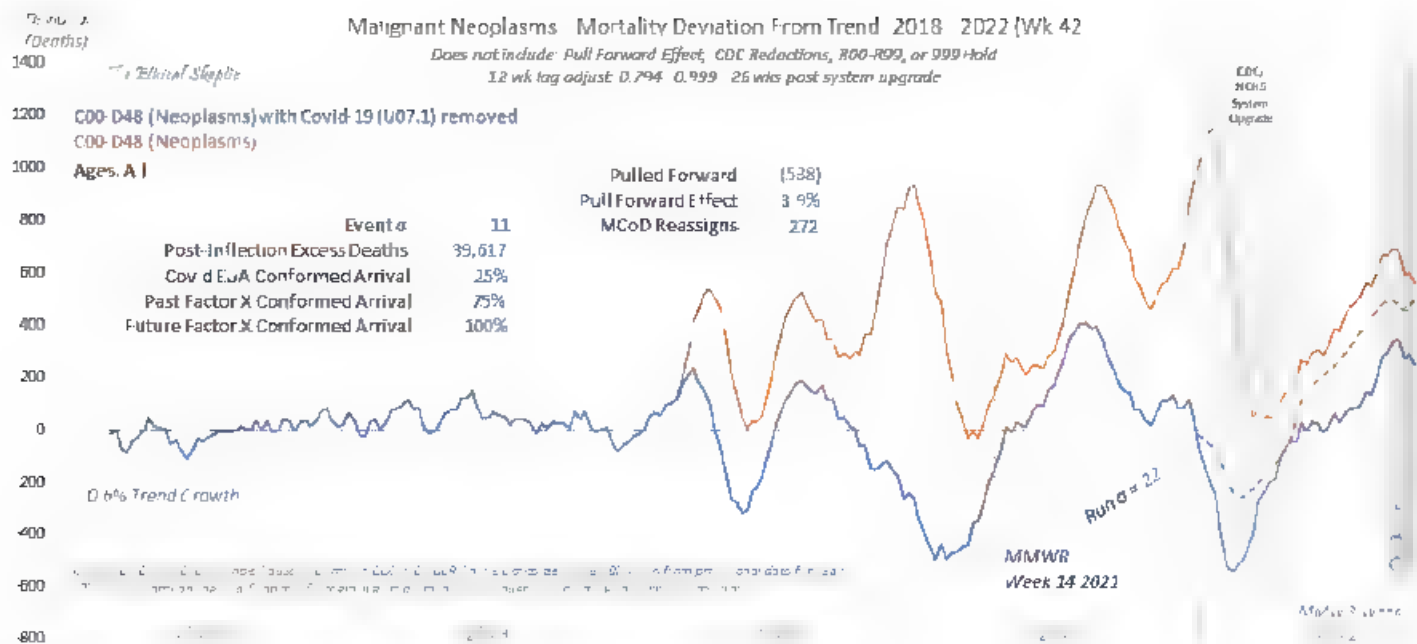
American Council on Science and Health (ACSH)



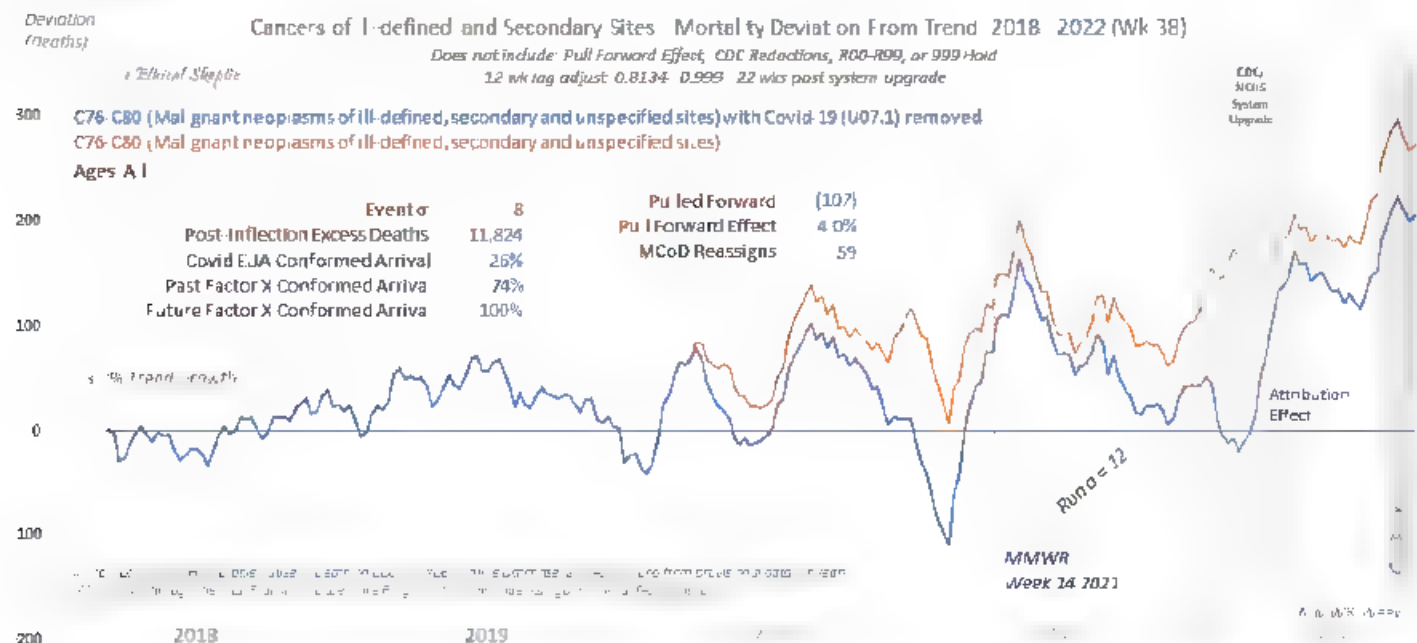
USA

Industry front group that produces PR for food and chemical industries. ACSH's leading figures have included the [convicted felon](#) (with multiple fraud convictions) Gilbert Ross and [Hank Campbell](#), who has a taste for publishing [Nazi eugenic blog posts](#).





Query Constraints:
 C00-D48 (Neoplasms)



Query Constraints:

MCD - CD-10 Codes: C76.0 (Head, face and neck Malignant neoplasms); C76.1 (Thorax Malignant neoplasms); C76.2 (Abdomen Malignant neoplasms); C76.3 (Pelvis Malignant neoplasms); C76.4 (Upper limb Malignant neoplasms); C76.5 (Lower limb Malignant neoplasms); C76.7 (Other ill-defined sites Malignant neoplasms); C76.8 (Overlapping lesion of other and ill-defined sites Malignant neoplasms); C77.0 (Lymph nodes of head, face and neck Malignant neoplasms); C77.1 (Intrathoracic lymph nodes Malignant neoplasms); C77.2 (Intra-abdominal lymph nodes Malignant neoplasms); C77.3 (Axillary and upper limb lymph nodes Malignant neoplasms); C77.4 (Inguinal and lower limb lymph nodes Malignant neoplasms); C77.5 (Intrapelvic lymph nodes Malignant neoplasms); C77.8, Lymph nodes of multiple regions Malignant neoplasms; C77.9 (Lymph node unspecified Malignant neoplasms); C78.0 (Secondary malignant neoplasm of lung Malignant neoplasms); C78.1 (Secondary malignant neoplasm of mediastinum Malignant neoplasms); C78.2 (Secondary malignant neoplasm of pleura Malignant neoplasms); C78.3 (Secondary malignant neoplasm of other and unspecified respiratory organs Malignant neoplasms); C78.4 (Secondary malignant neoplasm of small intestine Malignant neoplasms); C78.5 (Secondary malignant neoplasm of large intestine and rectum Malignant neoplasms); C78.6 (Secondary malignant neoplasm of retroperitoneum and peritoneum Malignant neoplasms); C78.7 (Secondary malignant neoplasm of liver Malignant neoplasms); C78.8 (Secondary malignant neoplasm of other and unspecified digestive organs Malignant neoplasms); C79.0 (Secondary malignant neoplasm of kidney and renal pelvis Malignant neoplasms); C79.1 (Secondary malignant neoplasm of bladder and other and unspecified urinary organs Malignant neoplasms); C79.2 (Secondary malignant neoplasm of skin Malignant neoplasms); C79.3 (Secondary malignant neoplasm of brain and cerebral meninges Malignant neoplasms); C79.4 (Secondary malignant neoplasm of other and unspecified parts of nervous system Malignant neoplasms); C79.5 (Secondary malignant neoplasm of bone and bone marrow Malignant neoplasms); C79.6 (Secondary malignant neoplasm of ovary Malignant neoplasms); C79.7 (Secondary malignant neoplasm of adrenal gland Malignant neoplasms); C79.8 (Secondary malignant neoplasm of other specified sites Malignant neoplasms); C80 (Malignant neoplasm without specification of site)

Fertility declines near the end of the COVID-19 pandemic: Evidence of the 2022 birth declines in Germany and Sweden

Martin Bujard¹ and Gunnar Andersson²

Abstract

Following the onset of the COVID-19 pandemic, several countries faced short-term fertility declines in 2020 and 2021, a development which did not materialize in Scandinavian and German-speaking countries. However, more recent birth statistics show a steep fertility decline in the aftermath of the pandemic in 2022. We aim to provide data on the unexpected birth decline in 2022 in Germany and Sweden and relate these data to pandemic-related contextual developments which could have influenced the post-pandemic fertility development. We rely on monthly birth statistics and present seasonally adjusted monthly Total Fertility Rates (TFR) for Germany and Sweden. We relate the nine-months lagged fertility rates to contextual developments regarding COVID-19 mortality and morbidity, unemployment rates, and COVID-19 vaccinations.

The seasonally adjusted monthly TFR of Germany dropped from 1.5-1.6 in 2021 to 1.3-1.4 in 2022, a decline of about 14 %. In Sweden, the corresponding TFR dropped from about 1.7 in 2021 to 1.5-1.6 in 2022, a decline of almost 10 %. There is no association of the fertility trends with changes in unemployment, infection rates, or COVID-19 deaths. However, there is a strong association between the onset of vaccination programmes and the fertility decline nine months after of this onset. The fertility decline in the first months of 2022 in Germany and Sweden is remarkable. Common explanations of fertility change during the pandemic do not apply in its aftermath. The association between the onset of mass vaccinations and subsequent fertility decline indicates that people adjusted their behaviour to get vaccinated before becoming pregnant, as societies were opening up with post-pandemic life conditions. Our study provides novel information on fertility declines in countries previously not affected by any COVID-19 baby bust. We provide a first appraisal of the COVID-19-fertility nexus in the immediate aftermath of the pandemic.

Fertility declines near the end of the COVID-19 pandemic: Evidence of the 2022 birth declines in Germany and Sweden

Martin Bujard¹ and Gunnar Andersson²

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Dr. Fauci  @jakUbak2mars · 46m

...

Replying to @elonmusk and @nypost

If Elon Musk takes over Twitter and brings Donald Trump back, I will be leaving this country. I got my passport last week when I heard he might buy **Twitter**. Instead I'll be moving to A CIVILIZED COUNTRY, the gorgeous TANZANIA 🇹🇿! So long, America! You've just lost a citizen. Bye

25

5

19



Xathoron    @JJ33_Lockdown · 8m

...

If Elon Musk takes over Twitter and brings Donald Trump back, I will be leaving this country. I got my passport last week when I heard he might buy **Twitter**. Instead I'll be moving to A CIVILIZED COUNTRY, the gorgeous TANZANIA 🇹🇿! So long, America! You've just lost a citizen. Bye



1



Rafael. @RafaelFCBacardi · 5h

...

If Elon Musk takes over Twitter and brings Donald Trump back, I will be leaving this country. I got my passport last week when I heard he might buy **Twitter**. Instead I'll be moving to A CIVILIZED COUNTRY, the gorgeous TANZANIA 🇹🇿! So long, America! You've just lost a citizen. Bye.



3

3



RyanNinja  @RyaanNinja · 3h

...

Replying to @elonmusk

If Elon Musk takes over Twitter and brings Donald Trump back, I will be leaving this country. I got my passport last week when I heard he might buy **Twitter**. Instead I'll be moving to A CIVILIZED COUNTRY, the gorgeous Haïti! 🇭🇹! So long, America! You've just lost a citizen. Bye

36

2

15





CW9 ⚡ @WATSONVISION · 1h

...

Replying to @elonmusk and @nypost

If Elon Musk takes over Twitter and brings Donald Trump back, I will be leaving this country. got my passport last week when I heard he might buy **Twitter**. Instead I'll be moving to A C VILIZED COUNTRY, the gorgeous TANZANIA 🇹🇿! So long, America! You've just lost a citizen. Bye

💬 74



❤️ 16



808s & Youngboy 🔵 @RatioedBy808s · 3h

...

Replying to @elonmusk

If Elon Musk takes over Twitter and brings Donald Trump back, I will be leaving this country. got my passport last week when I heard he might buy **Twitter**. Instead I'll be moving to A C VILIZED COUNTRY, the gorgeous TANZANIA 🇹🇿! So long, America! You've just lost a citizen. Bye

💬 166

↻️ 10

❤️ 392



Warlord Dinucci @needabev · 2h

...

Replying to @DrewHLive and @TribleSocial

If Elon Musk takes over Twitter and brings Donald Trump back, I will be leaving this country. got my passport last week when I heard he might buy **Twitter**. Instead I'll be moving to A C VILIZED COUNTRY, the gorgeous UKRAINE 🇺🇦! So long, America! You've just lost a citizen.

💬 12

↻️ 2

❤️ 11



Currently(3-6)(7-7-3) we suck @TrickyRicky 58 · 1h

...

If Elon Musk takes over Twitter and brings Donald Trump back, I will be leaving this country. got my passport last week when I heard he might buy **Twitter**. Instead I'll be moving to A C VILIZED COUNTRY, the gorgeous TANZANIA 🇹🇿! So long, America! You've just lost a citizen. Bye

💬 1

↻️ 2

❤️ 1





Hi-Rez  @HiRezTheRapper · 2h

...

Replying to @realDonaldTrump

If Elon Musk takes over Twitter and brings Donald Trump back, I will be leaving this country. I got my passport last week when I heard he might buy **Twitter**. Instead I'll be moving to A CIVILIZED COUNTRY, the gorgeous HAWAII ! So long, America! You've just lost a citizen. Bye



230



25



177



• @bojackpick · 2h

...

Replying to @TrungTPhan and @elonmusk

If Elon Musk takes over Twitter and brings Donald Trump back, I will be leaving this country. I got my passport last week when I heard he might buy **Twitter**. Instead I'll be moving to A CIVILIZED COUNTRY, the gorgeous TANZANIA 🇹🇿! So long, America! You've just lost a citizen. Bye



92



9



66



• @bojackpick · 3h

...

Replying to @realDonaldTrump

If Elon Musk takes over Twitter and brings Donald Trump back, I will be leaving this country. I got my passport last week when I heard he might buy **Twitter**. Instead I'll be moving to A CIVILIZED COUNTRY, the gorgeous TANZANIA 🇹🇿! So long, America! You've just lost a citizen. Bye



438



37



564



ritesh @ShekarRitesh · Nov 19

...

Replying to @elonmusk

If Elon Musk takes over Twitter and brings Donald Trump back, I will be leaving this country. I got my passport last week when I heard he might buy **Twitter**. Instead I'll be moving to A CIVILIZED COUNTRY, the gorgeous TANZANIA 🇹🇿! So long, America! You've just lost a citizen



646



17



155





Y B @YBKentrell · Oct 29

...

Replying to @SportsCenter and @MLB

If Elon Musk takes over Twitter and brings Donald Trump back I will be leaving th's country I got my passport last week when I heard he might buy **Twitter** instead I'll be moving to A civilised country. the gorgeous Tanzania 🇹🇿! So long, america! You just lost a citizen.

4

1

6



alex @highhightheaven · 3h

...

Replying to @elonmusk

If Elon Musk takes over Twitter and brings Donald Trump back, I will be leaving th's country. I got my passport last week when I heard he might buy **Twitter**. Instead I'll be moving to A CIVILIZED COUNTRY, the gorgeous TANZANIA 🇹🇿! So long, America! You've just lost a citizen Bye

76

25

1,029



lexy @exycat_ · Oct 28

...

If Elon Musk takes over Twitter and brings Donald Trump back, I will be leaving th's country. I got my passport last week when I heard he might buy **Twitter**. Instead I'll be moving to A CIVILIZED COUNTRY, the gorgeous Somalia 🇸🇴! So long, America! You've just lost a citizen.

15

9

142



808s & Youngboy @RatioedBy808s · Oct 31

...

Replying to @elonmusk

If Elon Musk takes over Twitter and brings Donald Trump back, I will be leaving th's country. I got my passport last week when I heard he might buy **Twitter**. Instead I'll be moving to A CIVILIZED COUNTRY, the gorgeous TANZANIA 🇹🇿! So long, America! You've just lost a citizen. Bye

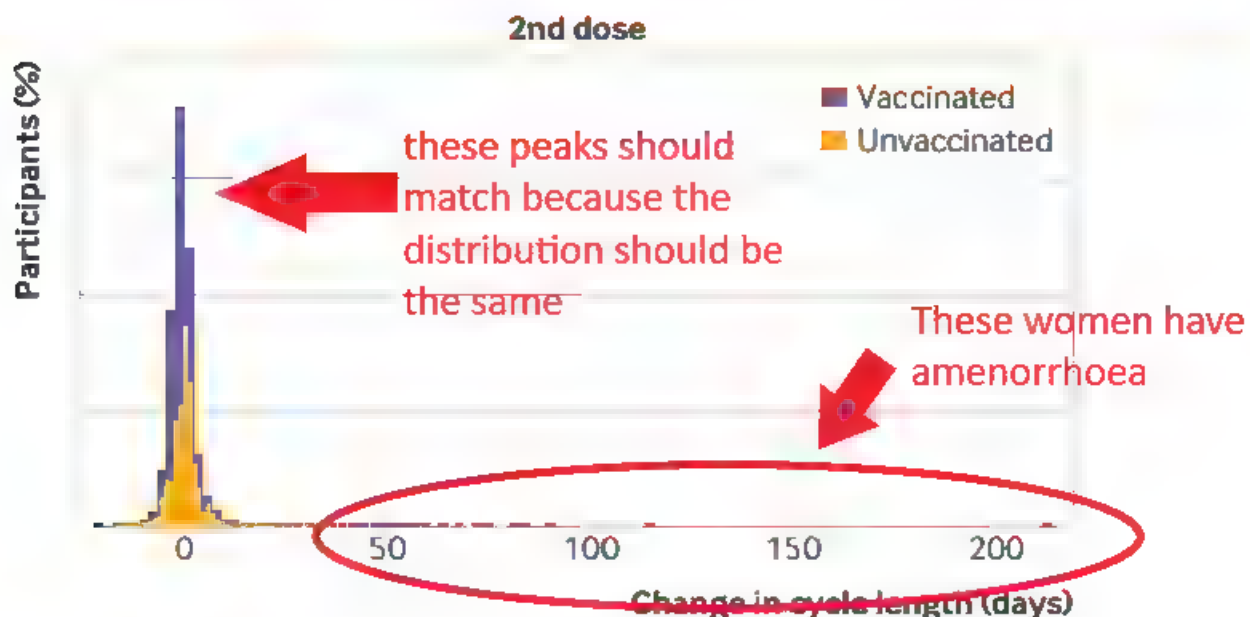
1,940

161

3,317



Two features on this graph indicate the possibility of premature ovarian failure in a subset of the participants. This would be masked by the use of the median or mean as a metric





A sign for the US Food and Drug Administration outside of the headquarters in White Oak, Md. on July 20, 2020. [VIEW MORE](#)

AMERICA PREMIUM

FDA Says Telling People Not to Take Ivermectin for COVID-19 Was Just a Recommendation

By [Zachary Stieber](#)

November 19, 2022 Updated: November 19, 2022

A A

>10% decrease

	n	%
Age groups		
<30	33	41.77
30-35	10	32.26
>35	8	42.11

Laws governing new drugs had been on the books for decades but were not always rigorously enforced, and F.D.A. approval was often routine. But Dr. Kelsey, working with a chemist and a pharmacologist, found the evidence for Merrell's claims about Kevadon [the brand name for thalidomide] to be insufficient. She withheld approval and asked Merrell for more data on toxicity, strength and purity.

Merrell stood to make millions and was anxious to get moving. It had tons of Kevadon in warehouses, ready for marketing, and 1,000 American doctors had already been given samples for "investigational" research. The company supplied more data, but also mounted a campaign to pressure Dr. Kelsey. Letters, calls and visits from Merrell executives ensued. She was called a fussy, stubborn, unreasonable bureaucrat.

A mini review of published literature has been conducted and found that mental stress clearly causes vasoconstriction and arterial constriction of the blood vessels. Therefore, if subjects are panicked, concerned, stressed or scared of the vaccination, their arteries will constrict and become smaller in and around the time of receiving the vaccine. This biological mechanism (the constriction of veins, arteries and vessels under mental stress) is the most likely cause for where there has been blood clots, strokes, heart attacks, dizziness, fainting, blurred vision, loss of smell and taste that may have been experienced shortly after vaccine administration. The extreme mental stress of the patient could most likely be attributed to the fear mongering and scare tactics used by various anti-vaccination groups.

Dates Written

Monday, 22 November 2021.

Contributors

Raymond D Palmer.

Conflict of interest

Raymond D Palmer is Chief Science Officer of Full Spectrum Biologics.

Acknowledgements

N/A.

Mei-Chin Yin, Professor, Department of Food Nutrition and Health Biotechnology, Asia University

Yung-Luen Yu, Professor, Ph.D. Program for Translational Medicine, China Medical University, Taiwan

English Editor

Ian Crews

He is responsible for editing research papers at BioMedicine, CMU, and, CMUH. His work is focused on the content is readable by a native English speaking audience.

Author Corner

Submit Article



Full Spectrum Biology: The Community of Healthy Agents

Have Access To Cutting Edge Health Data

Access to the most current health data is essential for research and clinical practice.

Research and clinical practice are essential for the advancement of health care.

Research and clinical practice are essential for the advancement of health care.

Research and clinical practice are essential for the advancement of health care.

Research and clinical practice are essential for the advancement of health care.

☐ Nicotinamide adenine dinucleotide and the sirtuins caution: Pro-cancer functions

5 **Palmer RD, Vaccarezza M**

Cite Aging Med (Milton) 2021 Nov 30;4(4):337-344. doi: 10.1002/agm2.12184. eCollection 2021 Dec.

PMID: 34964015 [Free PMC article.](#) [Review.](#)

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☐ Precursor comparisons for the upregulation of nicotinamide adenine dinucleotide. Novel approaches for better aging.

6

Palmer RD, Elashar MM, Vaccarezza M

Cite

Aging Med (Milton) 2021 Aug 4;4(3):214-220. doi: 10.1002/agm2.12170. eCollection 2021 Sep.

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PMID: 34553119 [Free PMC article.](#) [Review.](#)

☐ New Promises and Challenges on Inflammation and Atherosclerosis: Insights From CANTOS and CIRT Trials.

7

Palmer RD, Vaccarezza M,

Cite

Front Cardiovasc Med 2019 Jul 26;6:40. doi: 10.3389/fcvm.2019.00090. eCollection 2019.

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PMID: 31312638 [Free PMC article.](#) [No abstract available](#)

Top co-authors



Magdy Elashar

Curtin University



Mauro Vaccarezza

Curtin University



Devahuti Chaliha

Curtin University



Veronica Papa

Parthenope University of Naples



Ione Swanepoel

Co miRNA ty

The p38 MAPK phosphorylation pathway has been described as a disease-associated sequela of exposure to the synthetic mRNAs coding for the SARS-CoV-2 spike protein. Moreover, the p38 MAPK phosphorylation pathway inhibits autophagy. This also leads to increased levels of p53. In this way, the formation of the PrP^{SC} infectious isoform triggers a molecular cascade of neurotoxic events that involve the p38 MAPK pathway [60,73].



Australian Government
Department of Health and Aged Care

Ref No: MC22-018819

[REDACTED]
[REDACTED]

Dear [REDACTED]

Thank you for your correspondence of 4, 7 October and 9 November 2022 to the Minister for Health and Aged Care, the Hon Mark Butler MP regarding the COVID-19 Vaccine Claims Scheme (the Scheme). The Minister has asked me to reply. I have addressed the three pieces of your correspondence below.

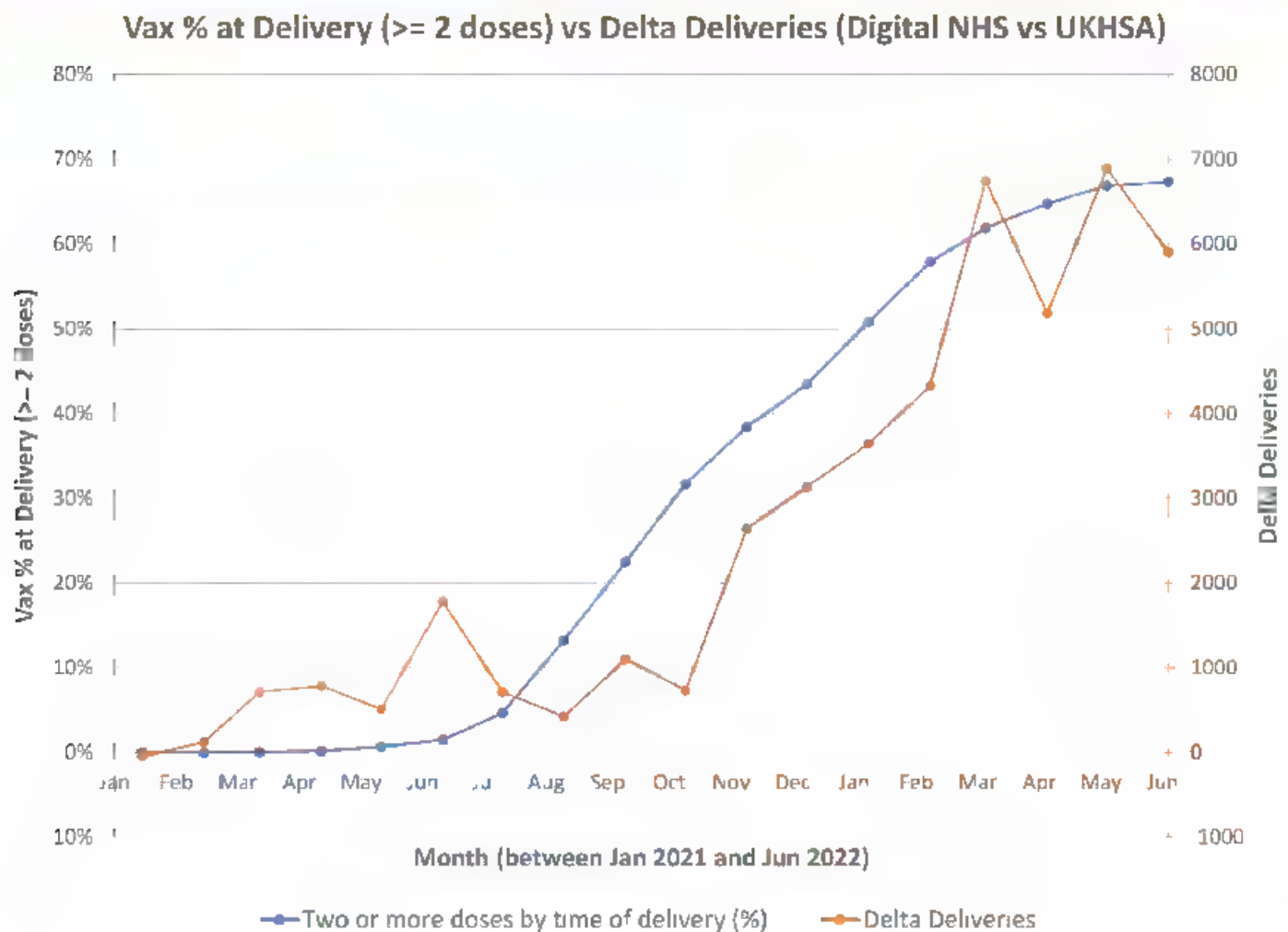
Your letter seeks clarification on whether the Government has established a medical indemnity scheme for health professionals administering COVID-19 vaccines, following media releases by the former government on 2 July 2021 and 28 August 2021. I can advise that rather than putting in place a medical indemnity scheme for health professionals, the former Government established the no-fault Scheme, which commenced operations on 13 December 2021.

Importantly, this means that a person making a claim under the Scheme, does not need to establish that another party was at fault. The injured person, does, however, need to provide evidence (detailed in the Scheme Policy) to establish that the harm (or a person's death) was likely caused by a Therapeutic Good Administration (TGA) approved vaccine or its administration, to be able to access compensation under the Scheme. While a medical indemnity scheme for health professionals administering the COVID-19 vaccine was not established per se, the creation of the no-fault Scheme was intended to support increased participation by health professionals in the COVID-19 Vaccination roll-out.

I can advise that the TGA closely monitors the safety of COVID-19 vaccines and has a well-established and robust system in place to capture reports of suspected adverse effects of all medicines including the COVID-19 vaccines.

Informed Consent

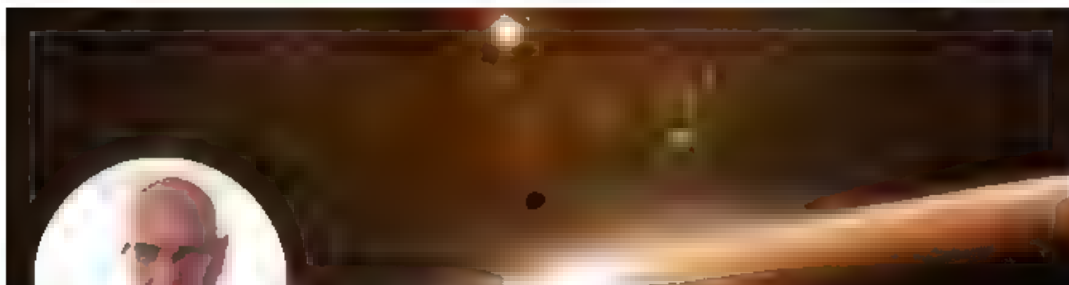
Informed consent should be obtained for every COVID-19 vaccination, as per usual consent procedures for other vaccinations.



Co miRNA ty

Considerable work has now gone into developing enhanced mRNA protocols that address the weak points of the protocol originally described by Warren et al. in 2010.¹⁸ A major focus has been to further accelerate the rapid induction seen with the original system by potentiating the RNA cocktail through incorporation of additional reprogramming factors, use of “engineered” chimeric transcription factors with extra transactivating domains, and co-transfection of microRNAs (miRNAs) that synergize with the protein factors to promote mesenchymal-epithelial transition and pluripotency.^{43, 44, 45} In some instances, these approaches support robust iPSC induction from human fibroblasts with as few as four transfections. These accelerated protocols much reduce hands-on time and lower reagent costs. Compressing the reprogramming timeline has also enabled the development of streamlined protocols in which iPSC derivation is performed in a single culture vessel coated with a defined substrate without any need for feeder cells. Feeder-free derivation is now the standard for mRNA reprogramming, as it is for most competing systems. The newer protocols have already been used to derive iPSCs from hundreds of patient-specific fibroblast lines with a very high success rate, testifying to their robustness in practice.

	Notes	2021	2020
		£	£
Fixed assets			
Tangible assets:	3	427,317	305,947
Total fixed assets:		<u>427,317</u>	<u>305,947</u>
Current assets			
Stocks:		473,046	241,742
Debtors:		444,453	109,360
Cash at bank and in hand:		1,241,136	673,036
Total current assets:		<u>2,158,635</u>	<u>1,024,147</u>
Creditors: amounts falling due within one year		(550,523)	(590,650)
Net current assets (liabilities):		<u>1,608,112</u>	<u>433,497</u>
Total assets less current liabilities:		<u>2,035,429</u>	<u>719,444</u>
Provision for liabilities:		(73,970)	(58,130)
Total net assets (liabilities):		<u>1,961,459</u>	<u>681,314</u>



...

Derek A Mann

@derekamann1

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COMPANY HAVING A SHARE CAPITAL

Memorandum of association of Genomics England Limited

Each subscriber to this memorandum of association wishes to form a company under the Companies Act 2006 and agrees to become a member of the company and to take at least one share

Name of each subscriber

Authentication by each subscriber

Secretary of State for Health

Sally Davies

Since 2020, she has also been a member of the UN Global Leaders Group on Antimicrobial Resistance, co-chaired by Prime Minister Mia Mottley of Barbados and Sheikh Hasina Wazed, Prime Minister of Bangladesh.

She is currently a non-executive director on the boards of: The Institute for Health Metrics and Evaluation; Genomics PLC; The Blavatnik School of Government, University of Oxford; and The Clinton Health Access Initiative.

She was formerly on the boards of Cumberland Lodge and Ashridge Business School, Genomics England Ltd. and UK Research & Innovation.

From 2004 to 2016, Dame Sally was the Chief Scientific Adviser for the Department of Health, where she established and then became the inaugural Director of the National Institute for Health Research (NIHR).



Forever_Bored @ForeverBored AU · 23m

...

Replying to @TheIkky @MaryanneDenias and 12 others

You got @mikestockmusic to retweet you, so goal accomplished I guess. 😊





Forever_Bored

@ForeverBored_AU

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You can't follow or see @ForeverBored_AU's Tweets.

[Learn more](#)

The Prime Minister has pledged that the UK will map 100,000 human genomes by 2017.

Now, as world leading research organisations join forces, the 100,000 Genomes Project has reached a major milestone in a package of new investment.

The Prime Minister is today unveiling a new partnership between [Genomics England](#) and the company [Illumina](#) that will deliver infrastructure and expertise to turn the plan into reality. As part of this, Illumina's services for whole genome sequencing have been secured in a deal worth around £78 million.

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Sat, 1 Feb 2020 00:38:35 +0000
To: Jeremy Farrar
Cc: Kristian G. Andersen
Bcc: Conrad, Patricia (NIH/NIAID) [E], Mascola, John (NIH/VRC) [E], Conrad, Patricia (NIH/NIAID) [E]
Subject: RE: Phone call

Jeremy:

I just got off the phone with Kristian Anderson and he related to me his concern about the Furine site mutation in the spike protein of the currently circulating 2019-nCoV. I told him that as soon as possible he and Eddie Holmes should get a group of evolutionary biologists together to examine carefully the data to determine if his concerns are validated. He should do this very quickly and if everyone agrees with this concern, they should report it to the appropriate authorities. I would imagine that in the USA this would be the FBI and in the UK it would be MI5. It would be important to quickly get confirmation of the cause of his concern by experts in the field of coronaviruses and evolutionary biology. In the meantime, I will alert my US. Government official colleagues of my conversation with you and Kristian and determine what further investigation they recommend. Let us stay in touch.

Best regards,
Tony

Dear Jeremy, Ron and all,

Thanks for inviting me on the call yesterday. I am also agnostic on this - I do not have any experience of laboratory virology and don't know what it is likely or not in that context. From a (natural) evolutionary point of view the only thing here that strikes me as unusual is the furin cleavage site. It strongly suggests to me that we are missing something important in the origin of this virus. My inclination would be that it is a missing host species in which this feature arose because it was selected for in that host. We can see this insertion has resulted in an extremely fit virus in humans - we can also deduce that it is not optimal for transmission in bat species.

From: [REDACTED] (b) (6)
Date: Sunday, 2 February 2020 at 09:38
To: Jeremy Farrar [REDACTED] (b) (6)
Cc: [REDACTED] (b) (6) "Fauci, Anthony (NIH/NIAID) [E]"
[REDACTED] (b) (6), Patrick Vallance [REDACTED] (b) (6), "Drosten,
Christian" [REDACTED] (b) (6), Marion Koopmans [REDACTED] (b) (6)
Edward Holmes [REDACTED] (b) (6)
[REDACTED] (b) (6), "Kristian G. Andersen" [REDACTED] (b) (6), Paul Schreier
[REDACTED] (b) (6) Michael FMedSci
[REDACTED] (b) (6) Francis Collins [REDACTED] (b) (6),
[REDACTED] (b) (6) Josie Golding

<J.Golding@wellcome.ac.uk>

Subject: Re: Teleconference

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Best,
Andrew

 <https://twitter.com/arambaut/status/1396817913701666816>

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24 May, 2020 · 1 · @arambaut Professor of Molecular Evolution, University of Edinburgh. FRSE Edinburgh academic network. Joined July 2011. Tweets 2,201. Twitter About Help Center Terms Privacy policy Cookies Ads info Dismiss Close Previous Next Close Go to a person's profile Saved searches Remove In this conversation

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[REDACTED] " @NathanGrubaugh @JosephFauver @DannyJPaik @EvoVeDotZoo @K.G.Andersen @GavinNewsom @SanDiegoCounty @scrippsresearch @UCSanDiego @dmaccannel There are over 2700 genomes with 439K and the 69-70 deletion but also so far in Europe. Got to be a key candidate though."



...

Follow

Andrew Rambaut 

@arambaut

 Joined May 2022

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These Tweets are protected

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1. The biorxiv publication by Prashant Pradhan and colleagues from Delhi ("Uncanny similarity of unique inserts in the 2019-nCoV spike protein to HIV-1 gp120 and Gag") has already been heavily debated on biorxiv and virological.org. The similarity between the inserts in 2019-nCoV spike and sequences of HIV-1 is accidental. These are very short insert sequences that are highly similar to many Genbank entries. Such similarities are explained by pure chance alone.
2. Andrew Rambaut analyzed the level of mutations in the spike region of SARS-CoV with that of its closest bat virus relative and of 2019-nCoV and its closest bat virus relative. The level of mutations between the two pairs of viruses was in the same range. Thus, this level of mutations can arise under circumstances of natural emergence.
3. Bat coronaviruses generally do not have a furin cleavage site in the spike protein. Some human coronaviruses do have a furin cleavage site in spike, which must have evolved naturally. As animal reservoir and spill-over hosts are highly under-sampled, the presence of a furin cleavage site in spike in such species is unknown. When coronaviruses jump host barriers, this frequently involved adaptation of cleavage sites that may be targeted by various proteases. Given the presence of furin-like sites in human coronavirus and the mutation of protease cleavage sites upon coronavirus host jumps in general, a natural origin of the furin site is certainly not impossible.
4. The BamHI restriction endonuclease site evolved due to a single (silent) nucleotide substitution as compared to the closest relative bat virus genome sequence. Restriction sites of 6 nucleotides can be found in every sequence, all over the genome, when 1 of the 6 positions is allowed to vary. We now find BamHI, next time it might be one of the plethora of other 6-nucleotide sequence motifs. This can be explained by pure chance.

LIE

LIE

LIE

LIE

Daoyu

@Daoyu15

...

Replying to @Kevin_McKernan

Note that: Bacteria is not a host of Betacoronaviruses or any Coronaviruses—they are eukaryotic only viruses that can't replicate in them. The CTCCTCGGCGGGCACGTAG sequence is absent in all mammalian Transcriptomes.

7:18 AM · Feb 22, 2022 · Twitter for iPhone

- TNGTKR is encoded by acc aat ggt act aag agg
- HKNNKS is encoded by cac aaa aac aac aaa agt
- RSYLTPGDSSSG is encoded by aga agt tat ttg act cct ggt gat tct tct tca ggt



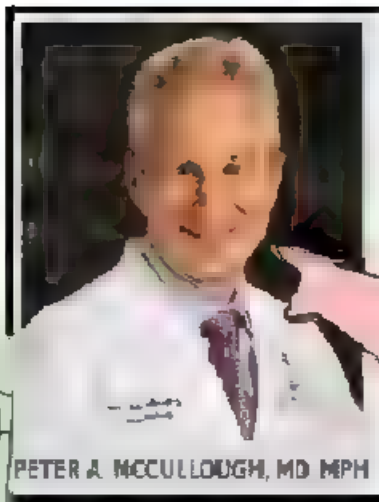
This sequence did not exist in nature before 2019

Abstract

Go to: ►

The recent outbreak of coronavirus disease (COVID-19) caused by SARS-CoV-2 infection in Wuhan, China has posed a serious threat to global public health. To develop specific anti-coronavirus therapeutics and prophylactics, the molecular mechanism that underlies viral infection must first be defined. Therefore, we herein established a SARS-CoV-2 spike (S) protein-mediated cell-cell fusion assay and found that SARS-CoV-2 showed a superior plasma membrane fusion capacity compared to that of SARS-CoV. We solved the X-ray crystal structure of six-helical bundle (6-HB) core of the HR1 and HR2 domains in the SARS-CoV-2 S protein S2 subunit, revealing that several mutated amino acid residues in the HR1 domain may be associated with enhanced interactions with the HR2 domain. We previously developed a pan-coronavirus fusion inhibitor, EK1, which targeted the HR1 domain and could inhibit infection by divergent human coronaviruses tested, including SARS-CoV and MERS-CoV. Here we generated a series of lipopeptides derived from EK1 and found that EK1C4 was the most potent fusion inhibitor against SARS-CoV-2 S protein-mediated membrane fusion and pseudovirus infection with IC₅₀s of 1.3 and 15.8 nM, about 241- and 149-fold more potent than the original EK1 peptide, respectively. EK1C4 was also highly effective against membrane fusion and infection of other human coronavirus pseudoviruses tested, including SARS-CoV and MERS-CoV, as well as SARSr-CoVs, and potently inhibited the replication of 5 live human coronaviruses examined, including SARS-CoV-2. Intranasal application of EK1C4 before or after challenge with HCoV-OC43 protected mice from infection, suggesting that EK1C4 could be used for prevention and treatment of infection by the currently circulating SARS-CoV-2 and other emerging SARSr-CoVs.

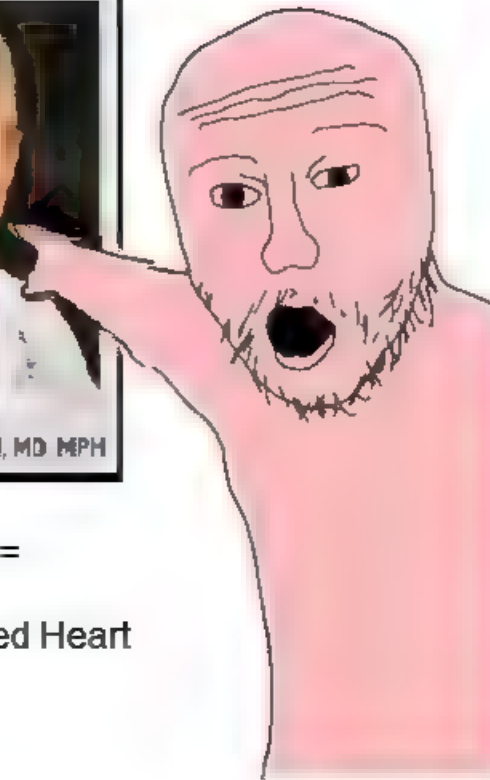
Subject terms: Membrane fusion, Electron microscopy



PETER A. MCCULLOUGH, MD MPH

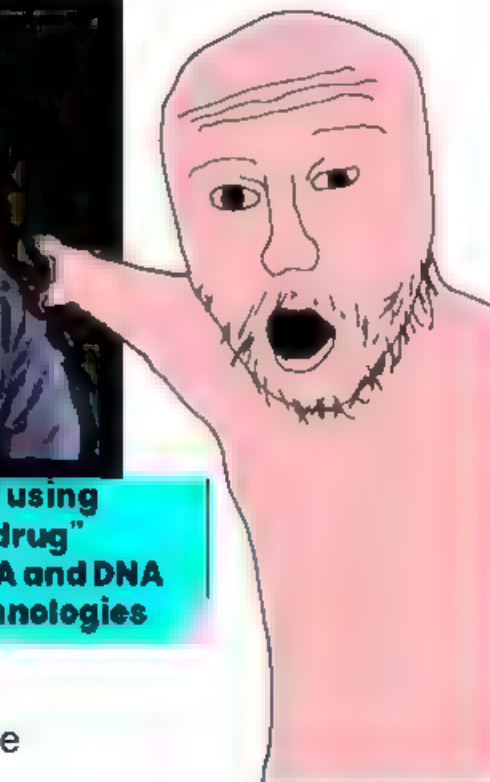
Random Dude=

World renowned Heart
Doctor



**Inventor of using
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Random dude=
Dr Robert Malone



New Promises and Challenges on Inflammation and Atherosclerosis: Insights From CANTOS and CIRT Trials

Raymond D Palmer ¹, Mauro Vaccarezza ²

Affiliations — collapse

Affiliations

¹ Helium-3 Biotech, South Perth, WA, Australia.

Faculty of Health Sciences, School of Pharmacy and Biomedical Science, Curtin University, Perth, WA, Australia.

PMID: 31312638 PMCID: PMC6614287 DOI: 10.3389/fcvm.2019.00090

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Magdy Elnashar

Curtin University School of Medicine
B.Sc., M.Sc. and Ph.D.

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[Publications](#) **(51)**

[Network](#)

[Projects](#) **(1)**

Precursor comparisons for the upregulation of nicotinamide adenine dinucleotide. Novel approaches for better aging

August 2021 *Aging Medicine* 4(3)

DOI [10.1002/agm2.12170](https://doi.org/10.1002/agm2.12170)

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Authors:



Ray Palmer
Full Spectrum Biologics



Magdy Einashar
Curtin University



Mauro Vaccarezza
Curtin University

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Then they destroyed...	the evidence
Then they lied...	to the president
Then they labeled...	a generic drug "horse-de-wormer"
Then they admitted...	every phone was a burner
Then they evicted...	an infamous Twitter-troll
Then they installed...	someone lacking bladder control
Then they rejoiced...	"The adults are back in charge!"
Then they watched...	death-counts grow twice as large
Then they claimed...	innocence
Then they feigned...	penitence
Then they demonized...	early treatment & anything generic
Then they called...	the Great Barrington Declaration barbaric
Then they ended...	careers
Then they stoked...	irrational fears
Then they manipulated...	the statistics
Then they replaced...	science with heuristics
Then they preached	mandates & immuno-mythology
Then they treated...	natural immunity more like scientology
Then they said...	masks were useless
Then they said...	masks weren't useless
Then they said...	masks were useless
Then they made...	even more claims which were proof-less
Then they rejected...	generics whose safety records were clear
Then they rushed...	EUA's for Rem-death-is-near
Then they changed...	the subject to Ukraine
Then they blamed...	Putin for inflationary pain
Then they recommended...	technocratic salvation

Then I recommended...

defenestration.

Know what?

I'm tired of...

being called ungrateful & cynical

I'm tired of...

each day bullshit reaching a new pinnacle

I'm tired of...

hearing about 'mild' myocarditis

I'm tired of...

being treated like unworthy detritus

I'm tired of...

riots being called "mostly peaceful"

I'm tired of...

public health officials being deceitful

I'm tired of...

truth being labeled 'conspiracy'

I'm tired of...

questioning Fauci being labeled as 'heresy'

I'm tired of...

debate rejected as "questioning science"

I'm tired of...

pretending the experts are intellectual giants

I'm tired of...

Trudeau treating truckers as traitors

I'm tired of...

ignoring that he's really Darth Vader

I'm tired of...

doctors being fact checked by media for sport

I'm tired of...

Fauci being more feared than Voldemort

I'm tired of...

the arrogance of "He who shall not be blamed"

I'm tired of...

reasonable hesitancy being shamed

The pandemic has clearly shown us that governments will never be the answer

Like water to a Mogwai, more power just metastasizes the cancer

These "Reset" Gremlins aren't the answer - they're the pollution

whatever the question, your "Reset's not the "Final Solution

Perhaps your machinations would look less like colluding

If your inner demons' horns weren't so frequently protruding

Spoiler Alert: 2 years of "Trusting the Science" has left me jaded

2 years of suffering through the 'fix' of a problem YOU created

In closing, I'll say - with all sincerity -

You should focus more on people, not the singularity

Defending Fauci is a Faustian Bargain with Mephistopheles

Kinda like when you sold your souls to the Big Tech oligopolies

~Rixey

Jikky's back



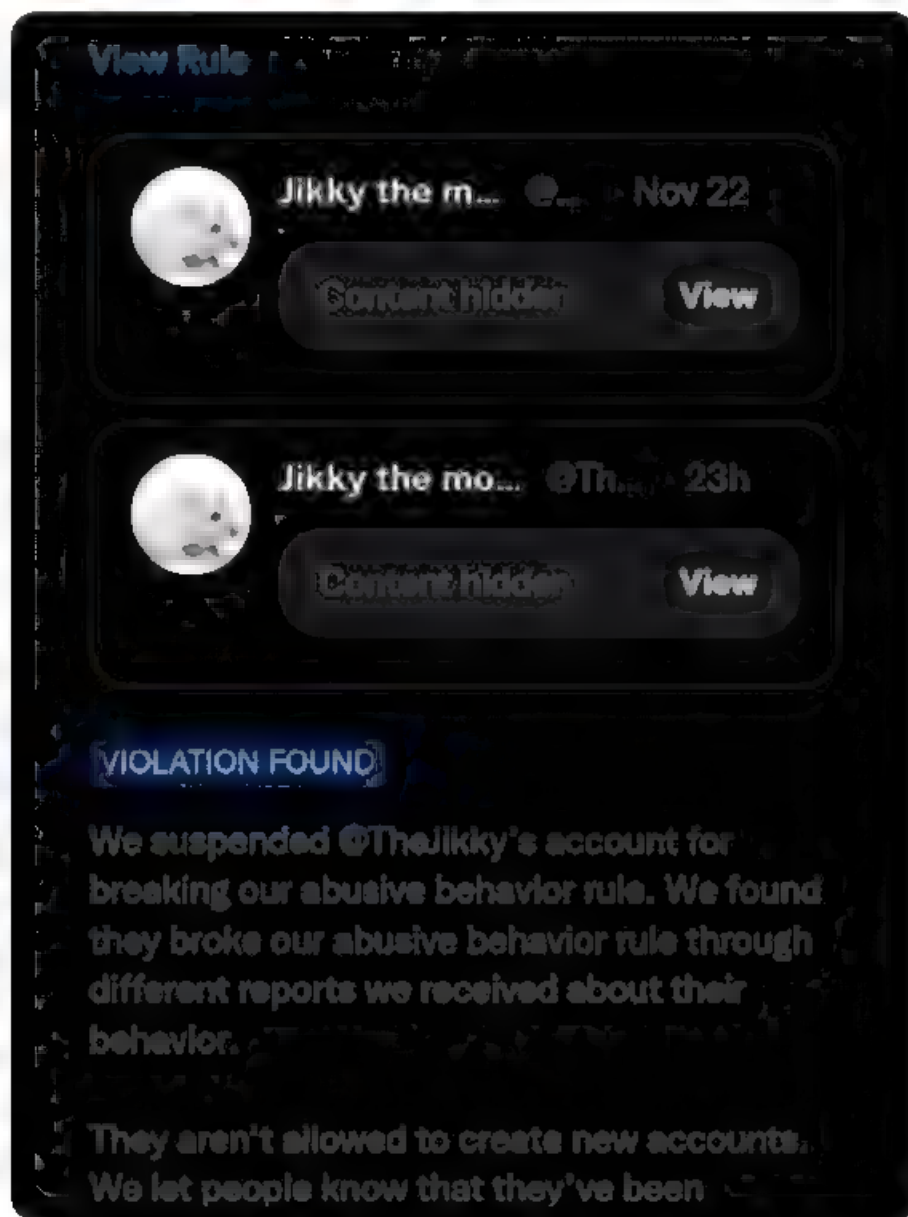


JOK3R @Mr Magoo5 · 6h

...

Replying to @TheMagooZone

oh, no his back. how I don't know.



...



JOK3R @Mr Magoo5 · 22 Nov

Replying to @JokkSpittett and 7 others

this is a copy of Facebook.

we know 54 Life's have been lost. none from mRNA.

210,000 have died from the virus in the UK. If this s your partner. I feel

sorry for your lost. do you fee **sorry** for the 210,000 deaths from the virus. and counting. Without the the vaccine



4



1



From: Jeremy Farrar [mailto:jeremy.farrar@who.int]
Sent: Thursday, January 23, 2020 2:03 PM
To: Fauci, Anthony (NIH/NIAD) [mailto:anthony.fauci@nih.gov]; Richard Hatchett [mailto:richard.hatchett@nih.gov]
Subject: nCoV

Tony
Happy New Year!

Difficult to understand the advice from the Emergency Ctte at WHO

Reach out if anything – best wishes Jeremy

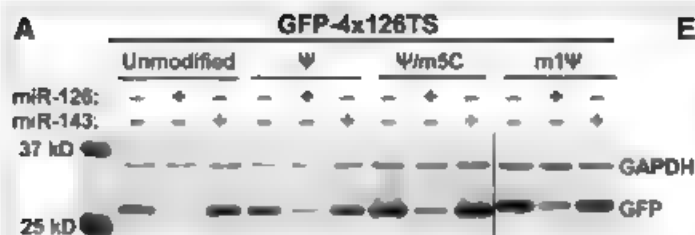
On 23 Jan 2020, at 20:32, Fauci, Anthony (NIH/NIAD) [mailto:anthony.fauci@nih.gov] wrote

Jeremy:

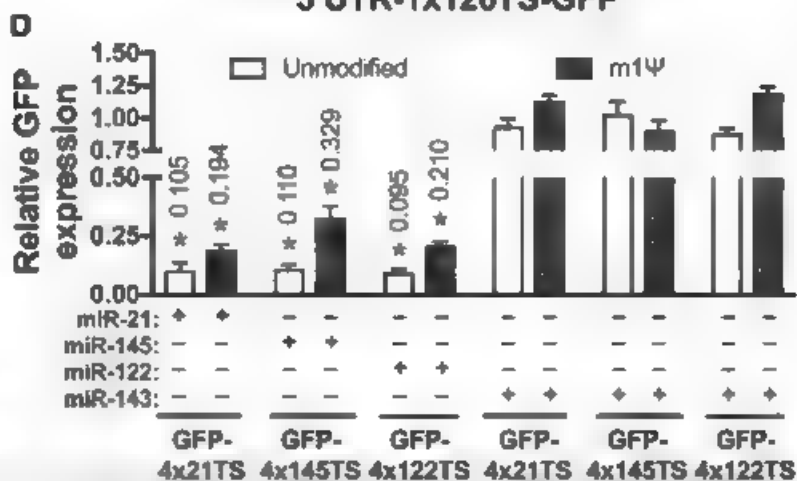
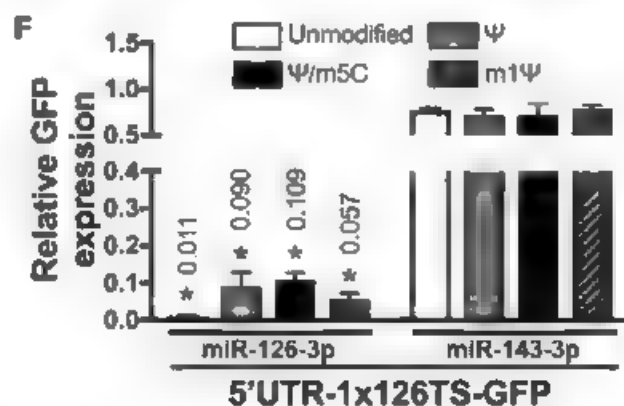
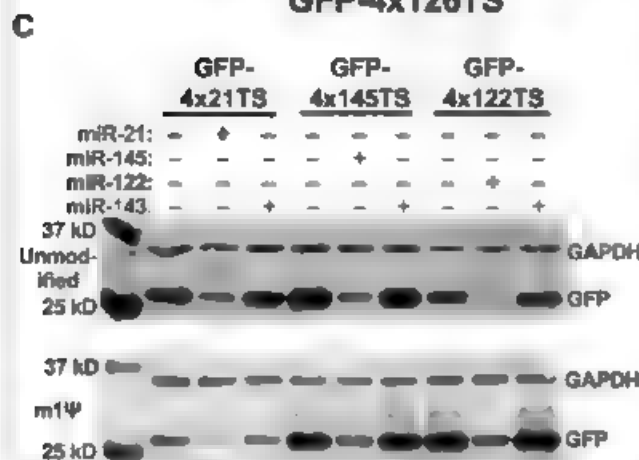
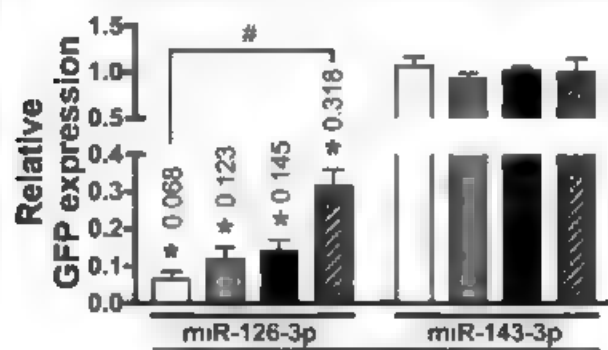
I hope that all is well with you. Happy New Year! I, like you, am somewhat baffled by the recommendation of the Emergency Committee at WHO. They are probably hesitating to declare a PHEIC because they have not seen "sustained" human to human transmission in other countries that have cases such as Japan, Thailand, South Korea. I do not necessarily agree with that opinion. We have a rapidly evolving outbreak with the epicenter in Wuhan, but with multiple cities in China and multiple countries in Asia involved. To me, that would be enough for a PHEIC. But then again, I am not the one that decides

Best regards,
Tony

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520

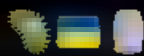


B Unmodified Ψ Ψ /m5C m1 Ψ





The Sassy Microbe
@thesassymicrobe



Replying to @Mr_Magoo5 @TakethatCt and 17 others

I don't understand the whole mouse thing. Are they embracing being plague rats or??

10:59 PM · Nov 23, 2022 · Twitter for iPhone



The Sassy Microbe   
@thesassymicrobe

You're blocked

You can't follow or see @thesassymicrobe's Tweets
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☐ [Neutralizing Activity of BNT162b2-Elicited Serum.](#)

6
Cite
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Lu Y, Liu J, Xia H, Zhang X, Fontes-Garfias CR, Swanson KA, Cai H, Sarkar R, Chen W, Cutler M, Cooper D, Weaver SC, Muik A, **Şahin U**, Jansen KU, Xie X, Dormitzer PR, **Shi PY**.
N Engl J Med. 2021 Apr 15;384(15):1466-1468. doi: 10.1056/NEJMc2102017. Epub 2021 Mar 8.
PMID: 33684280 [Free PMC article](#). No abstract available.

☐ [BNT162b vaccines protect rhesus macaques from SARS-CoV-2](#)

7
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Vogel AB, Kanevsky I, Che Y, Swanson KA, Muik A, Vormehr M, Kranz LM, Wazer KC, Hein S, Guier A, Loschko J, Maddur MS, Ota Setik A, Tompkins K, Cole J, Liu BG, Ziegenhals T, Piaschke A, Eisel D, Dany SC, Fesser S, Erbar S, Bates F, Schneider D, Jesionek B, Sanger B, Wallisch AK, Feuchter Y, Junginger H, Krumm SA, Heinen AP, Adams-Quack P, Schlereth J, Schille S, Kroner C, de la Caridad Guimil Garcia R, Hilfer T, Fischer L, Seiers RS, Choudhary S, Gonzalez O, Vascotto F, Gutman MR, Fontenot JA, Hall Ursone S, Brasky K, Grffor MC, Han S, Su AAH, Lees JA, Nedoma NL, Mashalidis EH, Sahasrabudhe PV, Tan CY, Pavlovakova D, Singh G, Fontes-Garfias C, Pride M, Scully IL, Croino T, Obregon J, Gazi M, Carrion R Jr, Alfson K, Kalina WV, Kaushal D, **Shi PY**, Klamp T, Rosenbaum C, Kuhn AN, Tureci , Dormitzer PR, Jansen KU, **Şahin U**.
Nature. 2021 Apr;592(7853):283-289. doi: 10.1038/s41586-021-03275-y. Epub 2021 Feb 1.
PMID: 33524990

☐ [Publisher Correction: Phase 1/1 study of COVID-19 RNA vaccine BNT162b1 in adults.](#)

8
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Mulligan MJ, Lyke KE, Kitchin N, Absalon J, Gurtman A, Lockhart S, Neuzil K, Raabe V, Bailey R, Swanson KA, Li P, Koury K, Kalina W, Cooper D, Fontes-Garfias C, **Shi PY**, Tureci , Tompkins KR, Walsh EE, Frencik R, Falsey AR, Dormitzer PR, Gruber WC, **Şahin U**, Jansen KU.
Nature. 2021 Feb;590(7844):E26. doi: 10.1038/s41586-020-03098-3.
PMID: 33469216 No abstract available.

☐ [Publisher Correction: COVID-19 vaccine BNT162b1 elicits human antibody and TH1 T cell responses.](#)

9
Şahin U, Muik A, Drosten C, Giesecke J, Gieseler K, Kranz LM, Vormehr M, Baum A, Dessel K, Gundt M, et al.

☐ 1 [BNT162b2 elicited neutralization of Delta plus, Lambda, Mu, B.1.1.519 and Theta SARS-CoV-2 variants.](#)

Cite Liu J, Liu Y, Xia H, Zou J, Weaver SC, Swanson KA, Cai H, Cutler M, Cooper D, Muik A, Jansen KU, **Sahin U**, Xie X, Dormitzer PR, **Shi PY**.

Share NPJ Vaccines. 2022 Apr 8;7(1):41. doi: 10.1038/s41541-022-00462-4. PMID: 35396516 [Free PMC article](#).

☐ 2 [SARS-CoV-2 Neutralization with BNT162b2 Vaccine Dose 3.](#)

Cite Falsey AR, Frenck RW Jr, Walsh EE, Kitchin N, Absalon J, Gurtman A, Lockhart S, Bailey R, Swanson KA, Xu X, Koury K, Kalina W, Cooper D, Zou J, Xie X, Xia H, Tureci Ö, Lagakidinou E, Tompkins KR, **Shi PY**, Jansen KU, **Sahin U**, Dormitzer PR, Gruber WC.

Share N Engl J Med. 2021 Oct 1;385(17):1627-1629. doi: 10.1056/NEJMcl112469. Epub 2021 Sep 15. PMID: 34525276 [Free PMC article](#). Clinical Trial. No abstract available.

☐ 3 [BNT162b2-elicited neutralization of B.1.617 and other SARS-CoV-2 variants](#)

Cite Liu J, Liu Y, Xia H, Zou J, Weaver SC, Swanson KA, Cai H, Cutler M, Cooper D, Muik A, Jansen KU, **Sahin U**, Xie X, Dormitzer PR, **Shi PY**.

Share Nature. 2021 Aug;596(7871):273-275. doi: 10.1038/s41586-021-03693-y. Epub 2021 Jun 10. PMID: 34111888

☐ 4 [BNT162b2 Elicited Neutralization against New SARS-CoV-2 Spike Variants](#)

Cite Liu Y, Liu J, Xia H, Zhang X, Zou J, Fontes-Garfias CR, Weaver SC, Swanson KA, Cai H, Sarkar R, Chen W, Cutler M, Cooper D, Muik A, **Sahin U**, Jansen KU, Xie X, Dormitzer PR, **Shi PY**.

Share N Engl J Med. 2021 Feb 25;385(5):472-474. doi: 10.1056/NEJMc2106083. Epub 2021 May 12. PMID: 33979486 [Free PMC article](#). No abstract available.

☐ 5 [BNT162b2 vaccine induces neutralizing antibodies and poly-specific T cells in humans.](#)

Cite **Sahin U**, Muik A, Vogler I, Derhovanessian E, Kranz LM, Vormehr M, Quandt J, Bidmon N, Ulges A, Baum A, Pascal KE, Maurus D, Brachtendorf S, Lörks V, Skorski J, Koch P, Hixler R, Becker D, Eller AK, Grutzner J, Tonigold M, Boesler C, Rosenbaum C, Heesen L, Kuhnle MC, Poran A, Dong JZ, Luxemburger U, Kemmer-

AUTOPSY REPORT FOR THE CORONER

Name:

Forensic Medicine Case No:

COPS Event No:

Coroner's Case No:

Coroner:

Deputy State Coroner

Age:

Sex:

Male

Pathologist:

Pathologist's qualifications:

MBBS (Hons) BDiv FRCPA (Anatomical Pathologist),
Post Fellowship Diploma in Forensic Pathology
(Forensic Pathologist)

Time & date of autopsy:

09:00 hours on 2021

Place of autopsy:

Forensic Medicine Wollongong
Forensic & Analytical Science Service

OPINION

I acknowledge that I have read the Expert Witness Code of Conduct in Schedule 7 of the NSW Uniform Civil Procedure Rules 2005; and agree to be bound by the Code.

Based on what I have observed, my experience and training, and the information supplied to me:

██████████, died on ██████████, 2021 at ██████████ NSW
██████████ and that the cause of death is as follows:

1. DIRECT CAUSE:

Disease or condition directly leading to death:

- (a) RAPIDLY PROGRESSING GRANULOMATOUS MYOCARDITIS FOLLOWING PFIZER COMIRNATY COVID-19 VACCINATION**

ANTECEDENT CAUSES:

Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last:

- (b)

- (c)

2. Other significant conditions contributing to the death but not relating to the disease or condition causing it:

CARDIAC SARCOIDOSIS HYPERTENSION



Untitled Sue Ieraci @SueIeraci · 4h

...

Replying to @essca200671, @reignofdenialist and @Kira145

No one has died as a result of vaccine-related myocarditis or pericarditis in Australia.



racgp.org.au

newsGP · TGA releases vaccine-related myocarditis severity details

Fewer than 1% of all likely myocarditis or pericarditis cases linked to mRNA vaccines in Australia have been treated in intensive care.



Peta Revera @PetaRevera · 23h

...

Replying to @TheJikky

Jikky are you a NOD/ShiLtJ (001976) or a STZ-inducible Type 1 Diabetes mouse? Asking for a friend?



1



5



Jikky the mouse 🐭 @TheJikky · 23h

...

Replying to @PetaRevera

Balb/c but got clothes on this time



2



11



nonipbliss

@nonipbliss

...

Replying to @TheJikky and @PetaRevera

Nice lol

The following media includes potentially sensitive content. [Change settings](#)

View

3:39 PM · Nov 24, 2022 · Twitter for Android



Johanna 🇪🇺 🇮🇪 🇩🇪 @JohannaSzabo1 · 19 Nov

...

Replying to @BigBadDenis and @Mike_Honey_

I almost never tweeted before Covid, but it's been a great platform for science and information like yours, thank you 🙏

I'll be joining **Mastodon** too, and I copied my following list today, so I don't forget anyone.

I guess public health departments will default to FB



1



2



Johanna 🇪🇺 🇮🇪 🇩🇪 @JohannaSzabo1 · 23 Nov

...

Reasons not to leave Twitter



Amanda 🙏 🙏 🙏 🙏 🙏 🙏 🙏 🙏 🙏 🙏 🙏 🙏 @oursharedval... · 23 Nov

Replying to @xabitron1

We are in an information war. If we leave, we are vacating the battlefield. Sure, it's comforting to only speak to like minded, but that will be a discussion of diminishing returns if the community fragments, and leaves no opportunity for others to hear a different point of view.



2



3



National Library of Medicine

National Center for Biotechnology Information

Nucleotide

Nucleotide



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Sbjct 1	ACGGCTCTGCGACTCCGACGCCGGCAAGGTTTGGAGAGCGGCTGGGTTTCGCGGGACCCGC	60		
Query 163	GGGCTTGACCCGCCCAGACTCGGACGGGCTTTGCCACCCTCTCCGCTTGCTGGTCCCC	222		
Sbjct 61	GGGCTTGACCCGCCCAGACTCGGACGGGCTTTGCCACCCTCTCCGCTTGCTGGTCCCC	120		
Query 223	TCTCCTCTCCGCCCTCCCGCTCGCCAGTCCATTTGATCAGCGGAGACTCGGC	274		
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hCDKN1B

Moderna

Distribution of the top 4 Blast Hits on 1 subject sequences



